



DURA SLEEVE INC.

Unit 303 - 9785 192nd Street, Surrey BC Canada
V4N 4C7 604-888-9098 ar@durasleeve.com

Distributor Application and Credit

Company Name		Tel:	Fax:	
Shipping Address	City	State/Prov	Country	ZIP/Postal Code
Billing Address	City	State/Prov	Country	ZIP/Postal Code
P.O. Required: Yes/No	UPS account #	Purolator account #		
Type of distributor:	(Retail	Wholesale	Reseller)	
Main Contact Name	Phone	Email		
Principals' Names				
Type of Business (Corporate or Sole Proprietor)	Year of Incorporation	Resale Tax number		

1 to 5	6 to 10	11 to 25	26 to 50	51 to 100	101+
Business Size number of employees (circle one)					
1 to 5	6 to 10	11+			
Number of Sales Representatives (circle one)					
Expected sales per annum of the Durasleeve. Please estimate # of units.					
Geographical Coverage (States, Provinces, Counties, Municipalities)					
Types of products you sell					

Accounts Payable Contact		
A/P Phone #	Fax:	Email:
Material Data Management Analyst (person responsible for entering part numbers and pricing into your database)		
Phone #	Fax:	Email:

Trade References

1. Company Name & Address	Phone	Contact
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2. Company Name & Address	Phone	Contact
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3. Company Name & Address	Phone	Contact
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The above information is submitted for the sole purpose of obtaining credit and setting up an account with Dura Sleeve Inc.. The undersigned authorizes Dura Sleeve Inc. to make such inquiries as necessary.

Signature

Print Name and Title

Date

Please email your application to: ar@durasleeve.com