



# Flex Hoarding Dealer Application

Fax to: 905-761-1268

Legal Company Name: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_ GST No: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ CREDIT AMOUNT REQUESTED \_\_\_\_\_

Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Equifax No: \_\_\_\_\_ Dun & Bradstreet No: \_\_\_\_\_

Directors Full Name	Position	Ownership %
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

### Accounts Payable Contact:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Trade References:

- 1) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_
- 2) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_
- 3) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

I, the undersigned, am duly authorized to sign for the corporation/company (signing officer) and believe all of the above information to be true and correct. Stadia Industries Ltd. has the authorization to contact all or any of the above in order to collect credit information only. All payments to Stadia Industries Ltd. will be made within 30 days of the invoice date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

(please print)