



Dealer Application

6 Riel Drive
St.Albert, AB Canada
T8N5C8

Company Name

Address

City

Prov/State

Postal/Zip Code

Contact Name

Position/Title

Telephone Number

Email Address

Fax Number

Business Information

Corporation

Proprietorship

Partnership

Days/Hours of Business

Years in Business

Drywall Tool Brands Carried (other than Can Am Tool)

Company Overview (tell us about your company, why you would like to carry our tools,
and how you plan to market them).

Along with your application please provide the following items:

Copy of Business License

Credit Application

Name of Applicant

Authorized Signatory (must have signing authority)

Title

Date

Send application by:

Mail:

Can Am Tool Corp.
6 Riel Drive
St.Albert, AB T8N 5C8
Attn: General Manager

Email:

glen@canamtool.ca

Fax:

780.460.0540

Please allow up to four weeks for processing. We will review your inquiry and notify you once complete.
Questions? Call Can Am Tool at 780.458.2116 or email darlene@canamtool.ca

Can Am Use Only:

Bank Reference:

Terms of Credit:

Trade Reference:

Approved By:

Customer Notification:



Application for Credit

6 Riel Drive
St. Albert, AB T8N5C8
P: 780.458.5116 F: 780.460.0540

Credit Amount Requested: \$ _____

Company Name: _____

Address: _____

City: _____ Prov/State: _____ PC/Zip: _____

SHIP TO P: _____ F: _____

same as above or:

Address: _____

City: _____ Prov/State: _____ PC/Zip: _____

OFFICERS/OWNERS

Name: _____ P: _____ Title: _____

Name: _____ P: _____ Title: _____

ACCOUNTS PAYABLE CONTACT

Name: _____ P: _____ F: _____

BANK REFERENCE

Name of Bank: _____

Contact: _____ P: _____ F: _____

TRADE REFERENCES

Name: _____ P: _____ F: _____

Name: _____ P: _____ F: _____

Name: _____ P: _____ F: _____

The company hereby authorizes CanAm Tool Co. to obtain credit reports in connection with this application for credit.

The customer agrees to abide by the payment terms of Net 30 days, from date of invoice, unless otherwise written and agreed to by both parties.

For the purposes of applicable statutes pertaining to the privacy of this information, this clause shall constitute full and sufficient consent for the collection, use and disclosure of information as required for credit investigation.

Authorized Signatory: _____ Title: _____ Date: _____
(Must have legal/bank signing authority)