



Cioni – Canada, Inc.
o/a Mid-USA of Canada Motorcycle Parts
3330 Mainway
Burlington, ON
L7M 1A7
Phone: 905-319-3645
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<http://www.mid-usa.ca/>

CANADIAN DEALER APPLICATION

PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR DEALER APPLICATION

– Photos of Interior and Exterior

– Copy of Business License

Date: _____

Legal Business Name: _____

Doing Business As: _____

Date Started Business: _____

Shipping Address: _____

City: _____ Province: _____ Postal Code: _____

Billing Address (If Different): _____

City: _____ Province: _____ Postal Code: _____

Business Phone: _____ Fax: _____

Other Phone: _____

Type of Business: Sole Proprietorship Partnership Corporation

Name of Owners/Partners/Shareholders – Home Address – Phone Number

1) _____

2) _____

3) _____

Store Manager: _____ Parts Manager: _____

Bookkeeper: _____ Parts Buyer: _____

Is a Purchase Order Number Required? YES NO

Current Business E-mail: _____

Business Website: _____

Type of Account You're Applying For:

- Credit Card (Please Fill Out Credit Card Consent Form)
- COD Cash or Certified Cheque
- COD Company Cheque (Supplier Credit Check Required)

SUPPLIER CREDIT CHECK

ONLY REQUIRED IF APPLYING FOR COD COMPANY CHEQUE

LIST 4 DIFFERENT COMPANIES THAT CURRENTLY ACCEPT COMPANY CHEQUES FROM YOU

Company: _____ Account Number: _____

Street Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Phone: _____ Fax: _____ Account Type: Open COD Cheque

Company: _____ Account Number: _____

Street Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Phone: _____ Fax: _____ Account Type: Open COD Cheque

Company: _____ Account Number: _____

Street Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Phone: _____ Fax: _____ Account Type: Open COD Cheque

Company: _____ Account Number: _____

Street Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Phone: _____ Fax: _____ Account Type: Open COD Cheque

AGREEMENT OF CONDITIONAL SALE AND SECURITY AGREEMENT

It is agreed by the undersigned that; (1) All goods and merchandise sold to the undersigned will be due and payable within the terms specified on each invoice and as agreed; (2) Any sums not paid within agreed terms are subject to finance charges of 2.5% per month; and (3) The undersigned shall pay all sums due and owing and any sum resulting from action necessary to collect on any past due balances.

This is your authority to furnish information requested regarding my bank accounts to establish COD Company cheque.

SIGNATURE OF AUTHORIZED SIGNEE: _____

You can also email this application along with your photos and business license to:

midusa@mid-usa.ca



CREDIT CARD CONSENT FORM

I hereby authorize Mid-USA of Canada Motorcycle Parts to charge purchases made from Mid-USA of Canada Motorcycle Parts to the following credit card account:

Company Name: _____

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____

CVV (3 Digits on Back of Card): _____

Card Holder Signature: _____

If you are planning to use more than one credit card please complete a consent form for each card

We Accept **MasterCard, Visa or American Express**