



Canadian Dealer Application  
Mail to: MID-USA Canada, 3330 Mainway Drv, Burlington On, L7M 1A7

**MID-USA Office Use Only (Date of receiving application \_\_\_/\_\_\_/\_\_\_)**

- |   |  |
|---|--|
| <input type="checkbox"/> – Dealer Has Completed application | <input type="checkbox"/> – Copy of Business and resale license |
| <input type="checkbox"/> – Yellow Page Add (Not Mandatory)  | <input type="checkbox"/> – Photo's Interior and Exterior       |

**Date:** \_\_\_\_\_  
**Legal Firm Name:** \_\_\_\_\_  
**Doing Business As:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Prov.:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Prov.:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Business Phone:**( ) \_\_\_\_\_ **Date Started Business:** \_\_\_\_\_  
**Fax Phone:**( ) \_\_\_\_\_  
**Sole Proprietorship** \_\_\_\_\_ **Partnership** \_\_\_\_\_ **Corporation** \_\_\_\_\_ **State Of Incorporation** \_\_\_\_\_  
Name Of Owners, Partners, Shareholders (Home Address) (City) (Postal Code) (Phone Number)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Business Accounts Only**

**Bank Name:** \_\_\_\_\_ **Bank Phone # ( )** \_\_\_\_\_  
**Bank Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Prov.:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Bank Contact:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **Bank Phone # ( )** \_\_\_\_\_  
**Bank Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Prov.:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Bank Contact:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Please Name Employees**

**Store Manager:** \_\_\_\_\_ **Parts Manager:** \_\_\_\_\_  
**Bookkeeper:** \_\_\_\_\_ **Parts Buyer:** \_\_\_\_\_  
**P.S.T. Exempt Number:** \_\_\_\_\_

Is a purchase order number required? **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_  
Type of franchise: Franchised Dealer (State Make): \_\_\_\_\_ Franchise Number: \_\_\_\_\_  
Accessory Store: \_\_\_\_\_ Used Bike: \_\_\_\_\_ Repair: \_\_\_\_\_

**Current Business E-mail:** \_\_\_\_\_  
**Home E-Mail:** \_\_\_\_\_  
**Business Web Site:** \_\_\_\_\_

Type Of Account applied for: ( Please check one)

- C.O.D. Cash or Certified Cheque  
 C.O.D. Campany cheque (**Supplier credit check required**)  
 Visa or Mastercard Only

**ALL DEALERS APPLYING FOR OTHER THAN C.O.D. CASH OR CREDIT CARD MUST COMPLETE SUPPLIER APPLICATION AND HAVE IT SIGNED.**

**List four motorcycle distributors which currently accept your company cheque or extend credit on an open account.**

Name: \_\_\_\_\_ Dealer Account Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov. Or State: \_\_\_\_\_ Postal Or Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type of account: **Open:** \_\_\_\_\_ **C.O.D. Cheque:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Credit card:** \_\_\_\_\_

Name: \_\_\_\_\_ Dealer Account Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov. Or State: \_\_\_\_\_ Postal Or Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type of account: **Open:** \_\_\_\_\_ **C.O.D. Cheque:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Credit card:** \_\_\_\_\_

Name: \_\_\_\_\_ Dealer Account Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov. Or State: \_\_\_\_\_ Postal Or Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type of account: **Open:** \_\_\_\_\_ **C.O.D. Cheque:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Credit card:** \_\_\_\_\_

Name: \_\_\_\_\_ Dealer Account Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov. Or State: \_\_\_\_\_ Postal Or Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type of account: **Open:** \_\_\_\_\_ **C.O.D. Cheque:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Credit card:** \_\_\_\_\_

### **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 overdue interest charges of eighteen percent (18%) per anum; and (3) The undersigned shall pay all sums due and owing and any sum resulting from action necessary to collect on any past due balancees.

This is your authority to furnish information requested regarding my bank accounts to established C.O.D. Company cheque.

Dated: \_\_\_\_\_

Signature of owner or name of corporation or partnership: \_\_\_\_\_

Seal:

By: \_\_\_\_\_  
If corporation, please have office execute

**MID-USA Canada 800-893-9261 FAX 905-319-6201**

**Thank you for your time.**