



DEALER APPLICATION FORM

BUSINESS GENERAL INFORMATION:

Account: _____

Company Legal Name: _____
DBA: _____ **Phone:** (____) _____ **Fax:** (____) _____
Billing Address: _____
City: _____ **Province:** _____ **Postcode:** _____
E-Mail Address: _____ **Web Site:** _____
Shipping Address: check if same as billing address _____
City: _____ **Province:** _____ **Postcode:** _____
Type of Business: Corporation Partnership Sole Proprietorship LLC Other _____
Date Business Commenced: _____ **Years at Present Location:** _____
Federal Tax ID #: _____ **CA Resale #:** _____

OWNER/OFFICER INFORMATION:

Name: _____ **Title:** _____ **Residential Phone:** (____) _____
Home Address: _____ **Social Insurance Number:** _____
Name: _____ **Title:** _____ **Residential Phone:** (____) _____
Home Address: _____ **Social Insurance Number:** _____
Name: _____ **Title:** _____ **Residential Phone:** (____) _____
Home Address: _____ **Social Insurance Number:** _____

Term: C.O.D. (3~4 days process) Credit Card Other _____

BANK REFERENCE:

Bank: _____ **Acct #:** _____ **Phone:** (____) _____ **Fax:** (____) _____
Address: _____ **City:** _____ **Province:** _____ **Postcode:** _____ **Years:** _____
Bank: _____ **Acct #:** _____ **Phone:** (____) _____ **Fax:** (____) _____
Address: _____ **City:** _____ **Province:** _____ **Postcode:** _____ **Years:** _____

BUSINESS TRADE REFERENCE:

Company: _____	Acct #: _____	Phone: (____) _____	Fax: (____) _____
Address: _____	City: _____	Province: _____	Postcode: _____
Company: _____	Acct #: _____	Phone: (____) _____	Fax: (____) _____
Address: _____	City: _____	Province: _____	Postcode: _____
Company: _____	Acct #: _____	Phone: (____) _____	Fax: (____) _____
Address: _____	City: _____	Province: _____	Postcode: _____
Company: _____	Acct #: _____	Phone: (____) _____	Fax: (____) _____
Address: _____	City: _____	Province: _____	Postcode: _____

Upon the receipt and acceptance by Changes Apparel Manufacturing Ltd., this Dealer Application will serve as a binding contract between the Applicant and Changes Apparel Manufacturing Ltd. The above information is for the purpose of obtaining credit and is warranted to be true and correct. I/we hereby authorize Changes Apparel Manufacturing Ltd. to investigate the references listed to my/our credit and financial responsibility.

SIGNATURE MUST BE EXECUTED IN ORDER TO PROCESS APPLICATION

Signed: _____ **Owner** **Date:** _____

Signed: _____ **Authorized Buyer** **Date:** _____

Signed: _____ **Title:** _____ **Date:** _____



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E-Mail Address: _____ **Web Site:** _____

Shipping Address: check if same as billing address _____

City: _____ **Province:** _____ **Postcode:** _____

Type of Business: Corporation Partnership Sole Proprietorship LLC Other _____

Date Business Commenced: _____ **Years at Present Location:** _____

PERSONAL GUARANTEE:

In the event this account is delinquent and satisfactory arrangements have not been made for payment, all legal, attorney fees, and collection costs will be assumed by debtor. By applying for credit, being accepted and signing this application, I agree to the above terms and conditions. I also assume personal responsibility for payment of said corporation's account. It is understood that credit would not be extended to said corporation without this assumption of liability. This guaranty and every part hereof shall extend to and be obligatory to my heirs, executors, administrators, and assigns and shall inure to the benefit of Changes Apparel Manufacturing Ltd. Revocation of this guaranty takes effect thirty days after receipt of a certified letter, and does not change the liability for any purchases made prior to the revocation taking effect.

Date: _____ **Name:** _____ **Spouse:** _____

Signature: _____ **Signature of Spouse:** _____

Social Insurance No: _____ **S.I. No. of Spouse:** _____



CREDIT CARD AUTHORIZATION FORM

Account No. _____

(Please print legibly to ensure timely process. Required field with **)

Store Name: _____

Province: _____

****Cardholder's Name:** _____

Master Card **VISA** **American Express**

****Card Number:** _____ - _____ - _____ - _____ ****Expiration Date:** ____/____

****Security Code:** _____

(VISA & MC: last three digits printed on the signature panel)

(AMEX: printed above the card #)

**** Card Issuing Bank Phone No:** (_____) _____ - _____

(Phone Number is printed on the back of card)

Billing Address (Where you receive your credit card statement):

****Street:** _____

City: _____ **Province:** _____ ****Postcode:** _____

Please check here if you would like this authorization to be effective on future orders

Authorization: I authorize Changes Apparel Mfg. Ltd. to charge my card for order(s)/invoice(s). I agree to pay the credit card charge(s) in accordance with the Card Issuer Agreement. I understand that there would be delay of shipment if the card declines or otherwise incurred difficulty during processing. Note: The signer of this statement **MUST** be the named cardholder.

****Signature:** _____

****Date:** _____/_____/_____

Sincerely,
