

Date

To prevent any processing delays, ensure all information is filled out and signed off by the business owner.

Requirements necessary in becoming a Parts Canada/Drag Specialties dealer:

- Commercial Facility - Must have signage and store front
- Mainly in Power Sports Industry - Motorcycle, ATV, snowmobile, personal watercraft
- Full Time Business Hours Ex. 9am - 6pm, Monday - Saturday

SECTION 1: BUSINESS INFORMATION

Legal Name of Business

Number of Years in Business

Division or Affiliate of

Number of Years at Present Address

Operating Name

English

Français

SECTION 2: DELIVERY ADDRESS

Address 1

Address 2

City

Phone Number

Ext

Province

Fax Number

Ext

Postal Code

SECTION 3: BILLING ADDRESS

Y N

Billing address is different from the delivery address

Accounts Payable Contact Name

Billing Address 1

Accounts Payable Contact Email

Billing Address 2

Accounts Payable Contact Phone Ext

City

Postal Code

Province

SECTION 4: BUSINESS DESCRIPTION

Type of Business (Select all that apply)

Motorcycle (Street or Dirt)

ATV/UTV

Snowmobile

Watercraft or Other (if other specify below)

List All OEMS

Public Website

E-Commerce Website

Social Media Links

I would like to subscribe to Parts Canada newsletter to receive news, promotions, new product updates, catalogue releases, and more.

Yes

No

SECTION 5: FINANCIAL INFORMATION

The Parts Canada credit check process requires that a mandatory personal credit check be done on the business owner(s) listed above. Failure to provide this information/authorization could result in Parts Canada unable to grant your business credit terms. **Note: this information is kept strictly confidential.**

I give Parts Canada permission to do a Personal Credit Check Yes No

If you 're giving Parts Canada's permission to obtain a personal credit check we require the following information of the business owner(s) . If you have lived at your current address less than 5 years please provide your previous address as well.

Type of Ownership	Corporation	Sole Proprietorship	Partnership
			Address
Full Name of 1st			
City	Postal Code	Province	SIN Number
		Address	
Full Name of 2nd			
City	Postal Code	Province	SIN Number

SECTION 6: BANK INFORMATION

Note: This information is mandatory if applying for terms

Name of Bank	Bank Address	
Banking Information Contact Name	Fax Number	Phone Number
Institution/Bank # (3 digits)	Transit # (5 digits)	Account # (digits vary)

SECTION 7: CREDIT REFERENCES

Please provide references from companies you have term accounts with (not COD). Please list your OEM if applicable.

Name of Company	Contact Name
Phone Number	Email Address Account Number
Name of Company	Contact Name
Phone Number	Email Address Account Number
Name of Company	Contact Name
Phone Number	Email Address Account Number

Indicate the type of account you are applying for

*15TH PROX TERMS - 15th of the month following invoice. Payment accepted via cheque, credit card, or online payment.
*CREDIT CARD - Credit card is authorized prior to shipping. No terms.

Please note NON-OEM dealers are credit card only for the first year.

Tire Recycling Management Number (TRMA)
Alberta & B.C. Only. **Provide copy of certificate.**

As a Parts Canada dealer I am able to provide the required minimum \$5000.00 initial order and agree to purchase a minimum of \$5000.00 per year. Yes No

Please note that Parts Canada/Drag Specialties will obtain credit information either through a credit reporting agency or directly from other credit grantors. We reserve the right to:

- Periodically obtain such information and to provide credit information to a credit reporting agency or directly to other credit grantors.
- Charge 2.0% interest per month and 24% per annum on all overdue accounts.

Debt collection expenses must be reimbursed to Parts Canada prior to reopening an account that has gone to collections.

I/We agree to the above terms and conditions Yes No

I/We agree to the Parts Canada Terms & Conditions as outlined in the Parts Canada and Drag Specialties Catalogues. Yes No

Print Name of Officer, Owner, Partner Title

Signature of Officer, Owner, Partner Date

*Digital signature accepted, or print and sign.

Please note, web browsers may have compatibility issues when completing this form. It is best to use a PDF program such as Adobe Acrobat Reader when completing this form digitally.

*Or save manually using File > Save As...

Send credit application by email to accountsreceivable@partscanada.com

Notes and additional addresses can be added on the next page.

Revised Jan-10-2022

NOTES

ADDITIONAL ADDRESSES

Address 1 Address Type

Address 2 City

Phone Number Ext Province

Fax Number Ext Postal Code

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Address 2 City

Phone Number Ext Province

Fax Number Ext Postal Code

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Address 2 City

Phone Number Ext Province

Fax Number Ext Postal Code