



Ralston CanSafe Inc.

P.O. Box 263, 525 Glengarry Cr.
Fergus, ON N1M 2W8

DISTRIBUTOR & CREDIT APPLICATION

Distributor Profile

Date: _____ Legal Company Name: _____

Operating As: _____

Address: _____

City: _____ Province: _____ Code: _____

Phone: _____ Fax: _____

Email: _____ Web Site: _____

Buying Group Affiliation: _____

Number of years in business: _____ Number of Employees: _____

Type of Company: SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____

Names & Title of Officers/Owners:

1:/ _____

2:/ _____

3:/ _____

Markets Served:

1:/ _____

2:/ _____

3:/ _____

Trading Area: _____

Current Product Offering: _____

Distributor Profile (Continued)

Amount of Credit Applied for: \$ _____

Accounts Payable Manager _____

Buyers by Product Line: _____

OTHER CONTACTS:

Product Manager(s): _____

Sales Manager: _____

Key Contact for Price Lists: _____

Key Contact for Literature: _____

Do you produce a Catalogue: YES _____ NO _____

New Product Annual Review Deadline: _____

Frequency of Publication: _____

CanSafe Terms: NET 30 DAYS

The undersigned agrees to abide by the terms of sale, Net 30 days

The undersigned agrees that usual credit inquiries may be made at any time in connection with credit applied for and consents to the disclosure of such information. All information will be treated as confidential.

Authorization/Acceptance: _____

Name and Title of signatory (print) _____

Date: _____

Please send a retail sales tax exemption certificate with this application.

Please provide an e-mail address for your Accounts Payable contact for receipt of invoices.

email for A/P: _____

CREDIT INFORMATION

BANK REFERENCES:

Bank Name: _____
Address: _____
Phone: _____ Fax: _____ Contact: _____
Bank account number _____

CREDIT REFERENCES:

(Providing your credit references email address, greatly speeds up process)

Name: _____	E-mail Address _____
Address: _____	_____
City _____	Prov. _____ Code _____
Telephone Number: _____	Fax Number: _____

Name: _____	E-mail Address _____
Address: _____	_____
City _____	Prov. _____ Code _____
Telephone Number: _____	Fax Number: _____

Name: _____	E-mail Address _____
Address: _____	_____
City _____	Prov. _____ Code _____
Telephone Number: _____	Fax Number: _____

G.S.T. Registration Number _____
PST (Ontario) Number _____
QST Number _____
Other Provincial Numbers _____

CanSafe SafetyZone Product Lines Applicant will be Purchasing

Product	Estimated Annual Sales	Current Competitive Lines	Comments
Allegro			
Blowers			
Respiratory			
Ergonomic			
Other			
Bradley			
Showers/Eyewash			
Lockers			
Washroom Partitions and Accessories			
MCR			
Memphis Glove			
CREWS			
Rivercity			
Ralston Mirrors			
Safety Zone Disposable PPE			