



## Dealer Application

Please fill this form out in its entirety along with a copy of your business license or seller's permit and mail, fax to : (204) 888-2705, or email this form to fastent@fastent.com. If you are sending parts please include your Service Order Form.

Date: \_\_\_\_\_

### Business Information

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Owner \_\_\_\_\_

Contact \_\_\_\_\_

Provincial Tax # \_\_\_\_\_

References \_\_\_\_\_ Years of Business \_\_\_\_\_

### Additional Information

Please indicate your preferences for the following services:

Detonation:  Call before repairing  Fix detonation, no call required

Heli-coils:  Call before installing  Install heli-coil, no call required

Other requests to keep on file \_\_\_\_\_

### Preferred Shipping *please circle choice*

PUROLATOR	Ground	3 Day	2 Day	Next Day
CANADA POST	NA	3-5 Days	2 Day	Next Day

### Payment

Credit Card Type: \_\_\_\_\_

Card # \_\_\_\_\_

Expires \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address  Same as Shipping Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_