



# WHOLESALE APPLICATION FORM

\*Please complete and return via fax or email at your earliest convenience

## GENERAL BUSINESS INFORMATION

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Fax: \_\_\_\_\_ GST/ HST Number: \_\_\_\_\_

PST Number (British Columbia & Quebec): \_\_\_\_\_  
 PST Exemption Number (Manitoba): \_\_\_\_\_  
 Corporation, Partnership or Sole Owner (choose which applies): \_\_\_\_\_  
 Name of Owner or Major Shareholder: \_\_\_\_\_  
 Name of accounts payable: \_\_\_\_\_  
 Are company purchase orders required? (Yes / No): \_\_\_\_\_

Years in Business: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Email: \_\_\_\_\_

Ship to Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Province: \_\_\_\_\_  
 Tailgate Required? (if you do not have a truck-level dock): \_\_\_\_\_  
 Commercial / Residential: \_\_\_\_\_

## AUTHORIZED SIGNATURE

*I TESTIFY THAT I HAVE THE AUTHORITY TO PURCHASE ON MY COMPANYS BEHALF AND AGREE TO PAY ALL INVOICES FROM UBC GROUP CANADA.*

Name of Authorized Purchaser(s): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name(s): \_\_\_\_\_ Title: \_\_\_\_\_