

**DEALER/CREDIT APPLICATION - SMART VISION DIRECT**

*7755 Warden Ave, Unit #1 Markham, Ontario L3R 0N3*

**Tel: 905-946-8998 Fax: 905-946-8992**

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Date Business Established: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Organization ( ) Corporation ( ) Partnership ( ) Proprietorship ( )

**List full names, addresses and titles of all officers, partners or owners:**

Name: \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail: \_\_\_\_\_

**Bank Information**

Bank: \_\_\_\_\_ Location \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Name # \_\_\_\_\_ Account # \_\_\_\_\_

**Trade Information**

1. Company \_\_\_\_\_ Location \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact \_\_\_\_\_

2. Company \_\_\_\_\_ Location \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact \_\_\_\_\_

3. Company \_\_\_\_\_ Location \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact \_\_\_\_\_

I/We expressly consent to SMART VISION DIRECT or VERI-CHEQUE LTD. to obtain any reports containing credit or personal information that is required in obtaining credit from SMART VISION DIRECT. I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from SMART VISION DIRECT and will remain confidential.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_