

## XLR Security Inc.

Unit 4 - 1040 Martin Grove Rd Etobicoke, ON M9W 4W4 Tel: (905) 794-5508 Email: info@xlrsecurity.com

New Dealer Account Application Form

	New	Dealei	ACCOUNT	Appiid	<i>jauon ro</i>	[[]]		
Applicant Info								
Business Type:	☐ Corporation	☐ Partnership	☐ Proprietorship		siness Start or orporation Date:	(YYYY/N	MM/DD)	
Legal Business N	lame:							
Operating Name:							-	
Is Business/Oper	ating Name(s) Reg	istered?  No	Yes, provide Registr	ration Number: _				
HST/GST:		PST:			_			
Number of emplo	oyees:							
Business Mailing Address:								
		(Street Number, Name, R	R#, Box #, Suite, Unit)	Makilandana	(City)	(Province)	(Postal Code)	
	Phone Number: ( ) Mobile phone: ( )							
Fax Number:	( )			Email				
General Infor		orrespondence ser	t by:	Fax  Mail	Contact Person:			
Specify Line of Bu		orrespondence ser	п бу. 🔲 Еттан 🔲	Fax Mail	Contact Person:			
Wholesale								
_		_ •	_					
	• • •	<b>r(s), (s), Partne</b> pals and their Busir	• •	tact Informa	tion (Attach separat	e sheet if more spa	ice is required)	
Name:				Title:				
Name:				Title:				
Name:				Title:				
RMA contact Nan	ne:			Tel:	Email:			
		ying for trade credit		number				
Please provide a bank reference with contact name, address and telephone number.  Name of Bank:								
Address:								
Tel:								
Contact:								
Major Trade Re Supplier Na		II if applying for trad Telephone N		Fax Nun	nber	Contac	t	
1								
2								
3								
Credit Limit Requ	ested:							
					e to the best of my kno ns shall govern the rel			

and Neo Security Inc.

\_\_\_\_\_ Signature: \_\_ Title: \_ Date: \_\_\_ Signing officer (Please print)