

BMG INDUSTRIES INC. 7492A Conway Ave, Burnaby BC, V5E 2P8 Phone: 1-800-964-8699 | Fax: 1-888-983-3006

Email: sales@bmgind.com

New Authorize Reseller Application / Agreement

Please fill out completely. Note: Applications may take up to 3 business days to process

Business Contact Information

Company Name		Doing Business As DBA (if applicable)	
Type of Business			
Account Payable Contact		Email	
Phone		Fax	
Buyer Contact		Buyer Email	
Preferred Method of Contact	Email	Phone	No Preference
Ship To Address			
City/Town	Province	Postal Code	
Bill To Address		Same as Above	
City/Town	Province	Postal Code	
GST/HST No.			
PST No. If applicable	Date Business Commenced dd/mm/yy		
Shipping Contact Name			
Retail Distribution Method (if applicable)			
Primary Website (if applicable)			
Primary Website (if applicable)			

BUSINESS AND CREDIT INFORMATION

Year of Organization	Province of Organization	Annual Sales
Line of Credit Requested		
Preferred Terms	Open Terms Requested	Credit Card Upon Shipment
AGREEMENT (Applicant may print this form and sign	n below)	
I understand that the information pr	rovided on this application is for the purpose of obtain	ining business credit from BMG Industries Inc. and I
acknowledge that BMG Industries	Inc. will rely upon this information for that purpose. I	affirm that I am authorized in my capacity to bind my firm
0, 0		due and payable at their place of business, and that all past
	•	annually. I acknowledge that all terms are based upon the
invoice date, and not the date I rec	eive the merchandise.	
Accept	Decline	
Signature	Title	Date dd/mm/yy
Personal Guarantee: In considerati	on of BMG Industries Inc. extending credit to the ab	ove named firm in reliance upon the information herein,
I personally guarantee all indebtedr	ness hereunder. I further agree that this guarantee is	s absolute, complete and continuing and that no notice
of the indebtednesss or any extens	ion of credit already or hereafter contracted by or ex	stended needs to be given. The terms may be arranged,
extended and/or renewed without n	notice to me, and that I will, within 5 days from that d	ate of notice that the account is past due, pay the amount.
Accept	Decline	
Signature	Title	Date dd/mm/yy