



Application for Dealership and/or Credit Date: _____

Company Name: _____ Initial Order Size: _____ Credit Request: _____

Billing Address: _____ Postal / Zip Code: _____

Contact Person: _____ Position _____ Telephone #: _____ Fax #: _____

Shipping Address: _____ Postal / Zip Code: _____

Nature of Business: _____ # of Employees: _____ # of Employees w/ Paddling Skills: _____

(CANADA) G.S.T. #: _____ P.S.T. #: _____

(USA) Fed TAX ID #: _____ Resale # / VAT #: _____

In Business Since: _____ at Current Address Since: _____

Business Structure: Corporation Partnership Sole Proprietor Government University
 Others _____ (please specify)

Preferred Method of Shipment: UPS Canada Post Greyhound (Canada) Purolator FedEx Pick Up
 Other or Collect _____ (please specify Freight Company & Collect account #)

Names of Owners, Partners, or Corporate Officers:

Name	Title	Tel	Address
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

Bank Reference:

Bank: _____ Branch: _____ Acct# _____

Address: _____

Fax# _____ Tel: _____ Account Contact Officer: _____

Credit References: (If not shown on list of vendors on the next page)

1) Name: _____ Contact: _____ Position: _____
Address: _____

Tel: _____ Fax: _____ Credit Limit: _____

2) Name: _____ Contact: _____ Position: _____
Address: _____

Tel: _____ Fax: _____ Credit Limit: _____

3) Name: _____ Contact: _____ Position: _____
 Address: _____
 Tel: _____ Fax: _____ Credit Limit: _____

If you are a Retailer:

Sqft area for: Kayak _____ Canoes: _____ Rafts: _____
 Store Location: Business District Shopping Mall Other _____ (please specify)

If you are an Outfitter:

of Boats: _____ Trips/ Season: _____ Type of Kayaks: _____

Please Indicate Current Vendors:

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> AIRE | <input type="checkbox"/> CURRENT DESIGN | <input type="checkbox"/> MOUNTAIN SURF | <input type="checkbox"/> PALM | <input type="checkbox"/> SNAP DRAGON |
| <input type="checkbox"/> AQUA-BOUND | <input type="checkbox"/> DAGGER | <input type="checkbox"/> MOUNTAIN HARDWARE | <input type="checkbox"/> PATAGONIA | <input type="checkbox"/> SOTAR |
| <input type="checkbox"/> BELL | <input type="checkbox"/> EXTRASPORT | <input type="checkbox"/> MID-CANADA FIBERGLASS | <input type="checkbox"/> PERCEPTION | <input type="checkbox"/> STOHLOQUIST |
| <input type="checkbox"/> BELUGA | <input type="checkbox"/> GREY OWL PADDLES | <input type="checkbox"/> NECKY KAYAKS | <input type="checkbox"/> PRIJON | <input type="checkbox"/> WALDEN |
| <input type="checkbox"/> BENDING BRANCHES | <input type="checkbox"/> HARMONY | <input type="checkbox"/> NORTH FACE | <input type="checkbox"/> RIOT | <input type="checkbox"/> WAVESPORT |
| <input type="checkbox"/> CARLISLE PADDLES | <input type="checkbox"/> HERITAGE | <input type="checkbox"/> NRS | <input type="checkbox"/> SALAMANDER | <input type="checkbox"/> WERNER |
| <input type="checkbox"/> CASCADE DESIGN | <input type="checkbox"/> KOKATAT | <input type="checkbox"/> OCEAN KAYAK | <input type="checkbox"/> SEATTLE SPORTS | <input type="checkbox"/> WILDERNESS SYSTEM |
| <input type="checkbox"/> CONFLUENCE | <input type="checkbox"/> LIQUID LOGIC | <input type="checkbox"/> OLD TOWN | <input type="checkbox"/> SEAWARD | <input type="checkbox"/> YAKIMA |

Please send Order Acknowledgements by e-mail to this/these e-mail address(es):

 Please send shipment notifications by e-mail to this/these e-mail address(es):

 Please send Invoices by e-mail to this/ these e-mail address(es):

Yes No We authorize North Water Paddle Sports Equipment to accept our electronically purchase orders.

I understand and agree to abide by the following:

I have the authority to represent this organization. I hereby agree to honor the North Water Sales and Credit Policies. I will notify North Water Paddle Sports Equipment of any changes of ownership of our company. If granted credit our company agrees to pay all invoices within 30 days of invoice date. It is agreed that our company will pay 2% per month interest/ service charge for all invoices outstanding beyond thirty days from date of invoice. All interest/ service charges will be invoiced separately. It is agreed that our account will become C.O.D. if we fail to pay invoices within the above stated terms. If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and / or collection expenses. I make the foregoing application for credit for the purpose of obtaining merchandise on an open account basis and authorize North Water Paddle Sports Equipment to make inquiry regarding credit and bank information contained in this application.

Printed Name: _____ Title: _____

Signature: _____ Date: _____