



BTM EQUIPMENT, INC
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**DISTRIBUTOR
 APPLICATION FOR
 CROWN PRODUCTS**

Date: _____

Company: _____

Address
 (Mailing): _____

Address (Shipping): _____

Telephone: _____ Fax: _____

Email : _____

Fed Tax/GST No: _____

Incorporated / Partnership / Private _____ Area of Distribution: _____

Years In Business: _____ Number of Employees: _____

Name of Bank and Branch: _____ Bank Telephone: _____

Bank Account# _____ Bank Fax# _____

Bank Address: _____

Contacts: Accounts Payable Manager: _____

Purchasing Manager: _____

Proprietor, Partner,
 Manager: _____

Approximate monthly credit limit required: \$ _____

CREDIT REFERENCES (Please ensure the references, minimum 3 required, are as current as possible)

<u>Name</u>	<u>Address</u>	<u>Zip/Postal Code</u>	<u>Fax</u>	<u>Phone</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Overdue accounts are charged 2% per month on unpaid balance.

Completed By (Please Print): _____ Signature: _____