

APPLICATION INFORMATION FORM

Hyde's Distribution: Distributor of Kodak, Zippo, Clipper & Brand Confectionary Lines

*Please fax completed form to (905) 358-9419 or email to jessica@hydesdistribution.com

Name: _____	Phone: _____
Address: _____	Fax #: _____
City and Prov: _____	No. of Years in Business: _____
Postal Code: _____	HST Tax No: _____
Owners or Principal Officers and Title: _____	Buying Hours : _____
_____	Buyers Email: _____
Buyer's Signature: _____	Buyer's Name: _____
Sales Mgr's Signature: _____	Sales Mgr's Name: _____
Sales Mgr's Email: _____	_____

Projected Purchase Requiements: _____

Billing Contact Information:

Name: _____	Email: _____
Address: _____	_____
City _____	Prov: _____ P.C.: _____

Distribution Centers:

_____	_____	_____
_____	_____	_____
_____	_____	_____

No. of Accounts: _____	Classification of Wholesaler:
No. of Salesmen: _____	
CATALOG INFORMATION:	_____ Tobacco - Candy
	_____ Drug
	_____ Jewelry
	_____ Novelty
	_____ Chain - Drug
Does Firm Issue Catalogs? _____	_____ Chain - Jewelry
If Yes - How Many? _____	_____ Chain
Website: _____	_____ Other
Member of a buying Group? _____	Online Ordering:
What Group? _____	
Does Firm have a Mailing List of Customers? _____	
Yes _____ No _____	

FOR OFFICE USE ONLY

Territory: _____	COMMENTS: _____
Manager: _____	_____
Approved By: _____	_____
Credit Line Available: _____	Date: _____

CREDIT & REFERENCE INFORMATION

Name of Bank: _____

Branch: _____

Street Name and Number: _____

City /Prov: _____

Account Number: _____

Phone Number: _____ Fax Number: _____

Contact: _____

References

Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____	City: _____
Prov: _____ P.C. _____	Prov: _____ P.C. _____
Phone #: _____ Fax#: _____	Phone #: _____ Fax#: _____

Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____	City: _____
Prov: _____ P.C. _____	Prov: _____ P.C. _____
Phone #: _____ Fax#: _____	Phone #: _____ Fax#: _____

RATED IN EQUIFAX

YES

NO

If no - what rating agency _____

Delivery INFORMATION

Shipping Requirements

PAID SHIPPING ON ORDERS \$1,500.00 OR HIGHER

- | | | |
|---|---------------------------------|--------------------------------|
| 1) Does your location require dock times? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2) Does your location have pallet requirements? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

Explain: _____

- | | | |
|--|---------------------------------|--------------------------------|
| 3) Does your location accept backorders? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

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***PLEASE ALLOW ONE EXTRA DAY FOR BOOKING OF APPOINTMENT DELIVERIES**

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