CANADIAN DEALER APPLICATION

4512 Anderson Road | Knoxville, TN 37918 ph: 888.376.7027 | fax: 865.246.2007





Company Name:			
Contact Name:	Emai	l:	
Address:		Phone:	
City Province Postal Code:		Fax:	
Years in Business:	_ EIN TIN:	Resales ID:	
Tax Exempt? yes no (IF yes, please fax Tax Exempt Certificate with application)			
Invoicing/Billing Email:			
What new equipment lines do yo	ou currently sell?		
Customs Broker info:			
Do you sell used equipment only	? yes no		
What is your company's website?			
What attachment lines do you cu	rrently sell?		
How did you hear about Blue Diamond®?			
How many Sales Representatives do you have employeed?			
How many locations do you have currently?			
Application completed by:PR	RINT NAME	SIGNATURE	DATE
PLEASE FILL OUT COMPLETELY Fax should include: Copy of Busines W-8 BEN or TD-	ss License -1	-2007 HST GST PST Credit Card Authorization Form	
CONTACTS: Vice President of Busi	ness Development		
Michael Koehler			
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(333), 7, 3, 3, 3, 3, 3			