

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 kelli@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: _____ | _____ Tobacco - Candy |
| CATALOG INFORMATION: | _____ Drug |
| | _____ Jewelry |
| | _____ Novelty |
| | _____ Chain - Drug |
| | _____ Chain - Jewelry |
| | _____ Chain |
| Does Firm Issue Catalogs? _____ | _____ Other |
| If Yes - How Many? _____ | |
| Website: _____ | |
| Member of a buying Group? _____ | |
| What Group? _____ | Online Ordering: |
| 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"/> |
|--|---------------------------------|--------------------------------|

*

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

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