



CANADIAN DEALER APPLICATION

Quality Bicycle Products is a wholesale distributor dedicated to serving the Independent Bicycle Dealer with quality products, services, and solutions. This application process is the first step in developing a partnership with QBP. QBP will only sell products to qualified accounts, and will not open an account that does not meet our criteria. QBP reserves the right to close an account for any reason, including failure to provide true or complete information on this application, or failure to use a professional and respectful demeanor when communicating with QBP staff.

The following materials are **REQUIRED** and must be submitted for review in order to be considered for a new account:

- A current phone bill showing your company name
- This application completed fully and signed
- A copy of your certificate of liability insurance
- Photos of your commercial location, including: signage, sales, service, and/or manufacturing areas

Please note that providing additional information can expedite the approval process.

Examples of optional materials you may wish to include are your business plan, advertising materials and/or business related invoices.

Please send to:

International Dept.

Quality Bicycle Products
6400 West 105th Street
Bloomington, MN, USA
55438-2554

Phone: 952-941-9391

Fax: 952-941-9799

Email: intlcs@qbp.com

Legal business name _____ PST# (Required) _____

Please circle Partnership Individual Corporation: Year _____ Number of years in business _____ Number of locations _____

Bike lines stocked _____

Do you sell: On the Internet? Yes No Via mail order? Yes No How do you prefer to receive invoices? Email Fax Mail None

Billing address _____ Mailing Address Shipping address* _____ Primary Location

City _____ Prov _____ PC _____ City _____ Prov _____ PC _____

Phone () _____ Fax () _____ Phone () _____ Fax () _____

Email _____ Website _____

Billing contact name _____ Manager's name _____ Buyer's name _____

*If there is more than one shipping location, please attach a separate sheet listing all locations and note which is the primary

Owner or principal's name* _____ SIN# _____

*If there is more than one owner, please attach a separate sheet listing additional information

Home address _____ City _____ Prov _____ PC _____

Email _____ Home phone () _____ Cell phone () _____

Terms and Conditions

Upon receipt and approval of this form orders may be placed and sent with credit card (MC/VISA only) terms

If you wish to apply for C.O.D. company check or Net 30 terms, please submit a Credit Application in addition to your New Dealer Application

If this account is placed with a collection agency or attorney for collections, the undersigned agrees to pay any and all collection fees

By signing I certify that the information provided herein is true and correct

Printed Name

Title

Date

Your application will not be processed until ALL information is received.



CANADIAN CREDIT APPLICATION: Net 30 Terms

Please note: The more information you provide will help to expedite your credit approval process.

Examples of materials we ask that you include if you are a new business:

- Business plan
- Personal financial references
- Bank references
- Personal financial information or balance sheet

Please send to:

Accounts Receivable

Quality Bicycle Products
 6400 West 105th Street
 Bloomington, MN, USA
 55438-2554
 Phone: 952-941-9391
 Fax: 952-941-9799

Legal business name _____

Please circle: Partnership Individual Corporation: Year _____ Prov _____ PST# (Required) _____

Was this business previously part of another company? Yes No Number of years in business _____

Billing address _____ Billing contact name _____

City _____ Prov _____ PC _____ Billing contact phone () _____

Phone () _____ Fax () _____ Years at present address _____ How do you prefer to receive invoices?
 Email Fax Mail None

Email _____

Owner or principal's name _____ SIN _____

Home address _____ Home phone () _____

Partner or corporate sec. / treas. name _____ SIN _____

Home address _____ Home phone () _____

Net 30 Estimated credit amount desired \$ _____

Bank Reference Authorization

I hereby authorize Quality Bicycle Products to obtain credit information regarding my business account at the below-named bank. (This information will be held in the strictest of confidence.)

Name of business bank _____ Fax () _____ Phone () _____

Bank officer _____ Checking account # _____ Authorized signature _____
Must be owner or CFO

Trade or Personal References with Whom You Have an Open Account

Name of Business	Address	Acct #	Fax #
①			
②			
③			
④			
⑤			

Terms and Conditions

Payments are due 30 days from the invoice date. It is agreed that a service charge of 1-1/2% per month may be charged on all delinquencies, or the highest rate permitted by prevailing provincial law, whichever is lower. In the event your account requires legal action or the service of a collection agency, you are responsible for all fees that accrue from such action. If your check is returned by the bank as uncollectible, a \$30.00 service charge will be added to your account and our account terms will be changed to C.O.D. certified funds. QBP reserves the right to change your account terms at any time.

I have read the above terms and conditions and warrant that the foregoing information is true and correct, and I realize it will be relied upon in the granting of future credit.

Signed _____ Title _____

Name (please print) _____ Date _____