



Saverio Inc.

## DEALER APPLICATION FORM

### BUSINESS GENERAL INFORMATION:

Account: \_\_\_\_\_

Company Legal Name: \_\_\_\_\_  
DBA: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postcode: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_  
Shipping Address: ☐ check if same as billing address \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Type of Business: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC ☐ Other \_\_\_\_\_  
Date Business Commenced: \_\_\_\_\_ Years at Present Location: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_ CA Resale #: \_\_\_\_\_

### OWNER/OFFICER INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Residential Phone: (\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Residential Phone: (\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Residential Phone: (\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Term: ☐ C.O.D. (3~4 days process) ☐ Credit Card ☐ Other \_\_\_\_\_

### BANK REFERENCE:

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postcode: \_\_\_\_\_ Years: \_\_\_\_\_  
Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postcode: \_\_\_\_\_ Years: \_\_\_\_\_

**BUSINESS TRADE REFERENCE:**

Company: _____	Acct #: _____	Phone: (____) _____	Fax: (____) _____
Address: _____		City: _____	Province: _____ Postcode: _____
Company: _____	Acct #: _____	Phone: (____) _____	Fax: (____) _____
Address: _____		City: _____	Province: _____ Postcode: _____
Company: _____	Acct #: _____	Phone: (____) _____	Fax: (____) _____
Address: _____		City: _____	Province: _____ Postcode: _____
Company: _____	Acct #: _____	Phone: (____) _____	Fax: (____) _____
Address: _____		City: _____	Province: _____ Postcode: _____

Upon the receipt and acceptance by Saverio Inc., this Dealer Application will serve as a binding contract between the Applicant and Saverio Inc.. The above information is for the purpose of obtaining credit and is warranted to be true and correct. I/we hereby authorize Saverio Inc. to investigate the references listed to my/our credit and financial responsibility.

**SIGNATURE MUST BE EXECUTED IN ORDER TO PROCESS APPLICATION**

Signed: _____	Owner	Date: _____
Signed: _____	Authorized Buyer	Date: _____
Signed: _____	Title: _____	Date: _____

**BUSINESS GENERAL INFORMATION:****Account:** \_\_\_\_\_

**Company Legal Name:** \_\_\_\_\_  
**DBA:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_  
**Shipping Address:** ☐ check if same as billing address \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_  
**Type of Business:** ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC ☐ Other \_\_\_\_\_  
**Date Business Commenced:** \_\_\_\_\_ **Years at Present Location:** \_\_\_\_\_

**PERSONAL GUARANTEE:**

In the event this account is delinquent and satisfactory arrangements have not been made for payment, all legal, attorney fees, and collection costs will be assumed by debtor. By applying for credit, being accepted and signing this application, I agree to the above terms and conditions. I also assume personal responsibility for payment of said corporation's account. It is understood that credit would not be extended to said corporation without this assumption of liability. This guarantee and every part hereof shall extend to and be obligatory to my heirs, executors, administrators, and assigns and shall inure to the benefit of Saverio Inc.. Revocation of this guaranty takes effect thirty days after receipt of a certified letter, and does not change the liability for any purchases made prior to the revocation taking effect.

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_**Signature:** \_\_\_\_\_ **Signature of Spouse:** \_\_\_\_\_**Social Insurance No:** \_\_\_\_\_ **S.I. No. of Spouse:** \_\_\_\_\_



## CREDIT CARD AUTHORIZATION FORM

Account No. \_\_\_\_\_

(Please print legibly to ensure timely process. Required field with \*\*)

Store Name: \_\_\_\_\_

Province: \_\_\_\_\_

\*\*Cardholder's Name: \_\_\_\_\_

☐ Master Card      ☐ VISA      ☐ American Express

\*\*Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \*\*Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*Security Code: \_\_\_\_\_

(VISA & MC: last three digits printed on the signature panel)

(AMEX: printed above the card #)

\*\* Card Issuing Bank Phone No: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

(Phone Number is printed on the back of card)

**Billing Address** (Where you receive your credit card statement):

\*\*Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ \*\*Postcode: \_\_\_\_\_

☐ Please check here if you would like this authorization to be effective on future orders

**Authorization:** I authorize Saverio Inc. to charge my card for order(s)/invoice(s). I agree to pay the credit card charge(s) in accordance with the Card Issuer Agreement. I understand that there would be delay of shipment if the card declines or otherwise incurred difficulty during processing. Note: The signer of this statement MUST be the named cardholder.

\*\*Signature: \_\_\_\_\_

\*\*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sincerely,

\_\_\_\_\_