

RGK Wheelchairs, Inc. Dealer Application

The undersigned is making a dealer application and agrees to abide by the standard terms/conditions of RGK Wheelchairs, Inc. as printed herein.

Company name _____

DBA (if different) _____

Contact person _____

Address _____

Phone _____

Fax _____

Email _____

Web Site _____

Federal tax ID or Social Security number. _____

Type of business _____

No. of employees _____

Date business established _____

I\We are interested in the following products – Check all that apply - (RGK - - Varilite - - Ki Mobility - - Kenda Products)

I\We are interested in being a stocking Dealer _____

Estimate of Annual Sales in CDN\$ _____

Estimate of Annual Sales of RGK Products in CDN\$ _____

Are you a:

CORPORATION

State of incorporation _____

Names, titles, and addresses of your three chief corporate officers

Name and address of your resident agent

PARTNERSHIP

Names and addresses of the partners

SOLE PROPRIETORSHIP

Are you sales tax exempt? Yes No

Have you ever had credit with us before? Yes No

If yes, under what name? _____

Authorized purchasers _____

Purchase order required? Yes No



Return to:
505 Industrial Avenue, Unit 4, Ottawa, Ontario, Canada K1G 0Z1 Tel: 00 1 (613) 731-4499 Fax: 00 1 (613) 731-7745

