

## NEW ACCOUNT APPLICATION FORM

Please fill in the form below and return to [csr@gravelagency.com](mailto:csr@gravelagency.com) or fax to 418.682.3343  
Please print on the form

## APPLICANT INFORMATION

**BUSINESS FIREARM LICENCE #** (Please include a copy, if applicable):

**EMAIL ADDRESS FOR THE CFP LICENCE VERIFICATION :**

**COMPANY NAME:**

**BUSINESS TYPE:**  Proprietorship  Partnership  Corporation  Other

**BUSINESS WEBSITE:**

**MAIN CONTACT:** **POSITION:**

**PHONE #:** **E-MAIL:**

**ACCOUNTS PAYABLE CONTACT :**

**PHONE #:** **E-MAIL:**

**BILLING ADDRESS:**

**CITY:** **PROVINCE:** **POSTAL CODE:**

**MAIN PHONE #:** **FAX #:**

**SHIPPING ADDRESS** (if different):

**CITY:** **PROVINCE:** **POSTAL CODE:**

**PHONE #** (if different from above): **FAX #** (if different from above):

**E-MAIL:**

## BUSINESS INFORMATION

**BUSINESS CATEGORY:**  Distributor  Online-sales only  Retailer (Storefront)

**WHAT TYPE OF PRODUCTS DOES YOUR COMPANY CURRENTLY OFFER ?:**

**HOW LONG HAS YOUR COMPANY BEEN IN BUSINESS ?:**

**WHAT PRODUCTS ARE YOU INTERESTED IN RECEIVING FROM GRAVEL AGENCY ?:** (visit our website at [gravelagency.com](http://gravelagency.com))

**HOW DO YOU DETERMINE THE RETAIL PRICE OF THE PRODUCTS YOU SELL ?**

Lowest possible margins  Follow the industry  Highest possible margins



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## CREDIT CARD INFORMATION

For the first year operation with our company, we require a credit card to secure your account.

CHECK BOX:  Visa  Master Card

CREDIT CARD #:

EXPIRATION DATE (MM/YR): /

SECURITY CODE:

NAME ON CARD EXACTLY AS IT APPEARS:

## TRADE REFERENCES

COMPANY NAME:

ADDRESS:

CITY: PROVINCE: POSTAL CODE:

PHONE #: FAX #:

CONTACT NAME:

COMPANY NAME:

ADDRESS:

CITY: PROVINCE: POSTAL CODE:

PHONE #: FAX #:

CONTACT NAME:

COMPANY NAME:

ADDRESS:

CITY: PROVINCE: POSTAL CODE:

PHONE #: FAX #:

CONTACT NAME:

We authorize the following information to be released to the different companies that Gravel Agency Inc. represents. The information provided in this document is for purpose of obtaining credit, as well as to authorize Gravel Agency Inc. to send e-mails with specials and other information. The applicant's signature serves as proof that the information is true and complete.

SIGNATURE:

PRINT NAME:

POSITION:

DATE:

## NEW ACCOUNT APPLICATION FORM

## ADDITIONAL CONTACTS

CONTACT 2:

POSITION:

PHONE #:

E-MAIL:

CONTACT 3:

POSITION:

PHONE #:

E-MAIL:

CONTACT 4:

POSITION:

PHONE #:

E-MAIL:

CONTACT 5:

POSITION:

PHONE #:

E-MAIL:

CONTACT 6:

POSITION:

PHONE #:

E-MAIL:

CONTACT 7:

POSITION:

PHONE #:

E-MAIL:

CONTACT 8:

POSITION:

PHONE #:

E-MAIL:

CONTACT 9:

POSITION:

PHONE #:

E-MAIL:

CONTACT 10:

POSITION:

PHONE #:

E-MAIL: