

SNOW WEST DEALER APPLICATION

CUSTOMER NAME: _____

MAILING ADDRESS: _____

City/Town: _____ Prov / State _____ Postal / Zip: _____

PHONE NUMBER:(_____) _____ FAX NUMBER: (_____) _____

GST No# _____ PST# _____

Business License Number _____

Snowmobile: Arctic Cat _____ Polaris _____ Ski Doo _____ Yamaha _____ Other _____ (please specify)

ATV/Motorcycle: Honda _____ Kawasaki _____ KTM _____ Polaris _____ Suzuki _____ Yamaha _____ Other _____

Chev/GM _____ Dodge _____ Ford _____ Other _____

Parts Manager _____ P.O's Required? _____

Related Trade references: 1) _____ 2) _____

E-Mail Address: _____ Website: _____

VISA CARD NUMBER: _____ EXPIRY DATE _____

MASTERCARD NUMBER _____ EXPIRY DATE _____

I/WE THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

_____, authorize Snow West Distributing Inc to debit My/Our credit
(Print Name of Cardholder)
card for the total amount of merchandise shipped plus applicable taxes and freight.

DATE: _____ SIGNATURE: _____

(Card Holder signature only)

