

Frappé Bliss Dealer Application Form

#2920-4151 Hazelbridge Way, Richmond, B.C. Canada V6X 4J7 T: 604-288-1002 Toll Free: 1-866-276-0808 F: 604-288-1004 www.frappebliss.com

Applicant's Name: _____

Dealer's Company Name (legal name): _____

Address: _____

City: _____ State/Prov: _____ Postal Code: _____ Country: _____

Tel: _____ Cell Phone: _____ Fax: _____

Website: _____ Email: _____

Business License #: _____ PST / HST# (if applicable): _____

Payment Method: _____

Dealer Information

Type of business: Corporation Partnership Sole Proprietor

Year in Business: _____

Business Experience

(Give present or last position first. If additional space is needed, please attach a separate sheet.) Advise us if you do not wish your present employer contacted.

| Company | Years of Employment at this company (since) | Contact Name, Title | Phone |
|---------|--|---------------------|-------|
|---------|--|---------------------|-------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you now or have you ever owned a business venture? (Please circle) Yes/ No

If yes, please state details _____

Please describe previous experience relevant to the food industry, if any.

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Trade and Credit References

1. Reference Name: _____

Address: _____

Tel: _____ Fax: _____

2. Reference Name: _____

Address: _____

Tel: _____ Fax: _____

3. Reference Name: _____

Address: _____

Tel: _____ Fax: _____

Note: The above information is to be used for the express purpose of being established as a dealer with Frappé Bliss. All information will be kept in the strictest confidence. Thank you for your cooperation.

DATE: _____ AUTHORIZED SIGNATURE: _____