

SanMar Canada New Account Application

Thank you for your interest in SanMar Canada. We provide the best selection of products, support and customer service in the industry. By joining SanMar Canada, these are some of the benefits you will have access to:

- Over 200 different styles including men, ladies' and youth basics, corporate wear, outerwear and work wear.
- Access to the SanMar Canada web site: www.sanmarcanada.com – download, catalogue images, sizing specs, price lists, place orders and browse through our online catalogue.
- Product and marketing promotions
- Generic catalogues available for you to give to your customers

Payment Options

- Net 30 day terms on approved credit (attached is Credit Application Form)
- Debit – if picking up order
- Credit Card payment, Visa, MasterCard or Amex (attached is Credit Card Authorization Form)
- Certified cheque or cashiers cheque
- Company cheque (only if banking info is provided)

First order over \$200 will be required to be a certified cheque, if paying with a company cheque

How to Apply

To become a SanMar Canada reseller, we ask that you fully complete our **New Account Qualification Form** and provide us with supporting documentation listed below. We require this information so that we ensure that we can provide you with your account in a timely manner.

Requirements

- SanMar's New Account Qualification Form
- Credit Application Form or Credit Card Authorization Form
- Business license for western customers
- Provincial Tax Exemption Certificate/Tax Information for eastern customers (see chart for details)

Provincial Tax Exemption Certificate/ Tax Information	
Province	Please Send
Ontario	Copy of Vendor Permit or Completed Blanket Exemption Certificate Form
Manitoba	Certificate of Registration
New Brunswick	Certificate of Registration
Newfoundland	Certificate of Registration
Nova Scotia	Certificate of Registration
Prince Edward Island	Certificate of Registration
Quebec	Certificate of Registration

Once your information is received and verified, we will inform you of your customer number within 24 hours. If you have applied for net 30 terms, we will take 3 to 5 business days to reply.

Thank you for your interest,

SANMAR CANADA SALES TEAM

SanMar Canada New Account Qualification Form

Our focus at SanMar Canada is the preservation of our industry. We would appreciate it if you could complete this form, which has been created to make it easier for qualified customers to open an account with us.

Company Name: _____ Your Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Facsimile: _____ Mobile: _____

E-mail address: _____ Company's Website: _____

Owner: _____

Is your business address a residence? Yes No

Is this an incorporated company? Yes No

Please check one: incorporation sole proprietorship partnership

Please note: You may be asked to provide a master business license or business registration to further determine your account qualification.

What type of business do you operate (Please check all that apply)?

Embroidery Screen Printing Ad Specialty Promotional Products Wholesaler

Other: _____

How long have you been operating the mentioned business? _____

How much imprintable apparel do you buy annually (approx.)? _____

How did you hear about SanMar Canada (Please check all that apply)?

Online Search Tradeshow Our Catalogue Business Contact Client PROMOCAN web site

Imprint Source Book Desk Reference Directory P.P.P.C. Membership Directory and Product Service Guide

Other: _____

Are you a member of Promotional Products Professionals of Canada (Please circle one)? Yes No

Your P.P.P.C. #: _____

Please list 3 trade references within the imprintables industry:

Company Name

Person To Contact

Telephone

1.

2.

3.

Payment terms are COD Certified, unless banking information is provided. THIS FORM IS NOT A CREDIT APPLICATION.

Please check this box if you would like us to send you a credit application.

Please provide an email address you would like your invoices and statements delivered to: Emails:

Requested Website password: (max 8 digits)

I consent to the confirmation or disclosure of the information supplied to the industry association(s) and/or trade reference(s) provided for the purpose of qualifying my business as a customer of SanMar Canada and setting up and administering a SanMar Canada customer account, if approved.

Signature

Date Signed

THE
AUTHENTIC
T-SHIRT COMPANY®

SANMAR
C A N A D A

www.sanmarcanada.com

Please fax or email your form to:

Email: newaccounts@sanmarcanada.com

Tel: (905) 602-6411

Fax: (905) 602-6435

Toll Free Tel: 1-800-668-0899

Fax: 1-800-529-0770

SanMar Canada CONFIDENTIAL CREDIT APPLICATION

Registered Business Name: _____ Date: _____

Please list any firms/companies your firm is affiliated with _____

Business Address: _____

Business Telephone: _____

Business Fax: _____

Date Business Started: _____

Credit Amount Desired: _____

Have you had a business failure? _____

Accounts Payable Contact: _____

If so, under what name? _____

Principal Line of Business: _____

GST #: _____

Provincial Sales Tax #: _____

Buyer: _____

Name of Principal Proprietor: _____

Position: _____

Address: _____

Telephone: _____

SIN: _____

Name of 2nd Principal or Proprietor: _____

Position: _____

Address: _____

Telephone: _____

SIN: _____

Trade References:

1. Name: _____

Phone: _____

Address: _____

Fax: _____

2. Name: _____

Phone: _____

Address: _____

Fax: _____

3. Name: _____

Phone: _____

Address: _____

Fax: _____

Is this an incorporated company? Yes No

Please check one: incorporation sole proprietorship partnership

What was the approximate value of your total activewear purchases from all suppliers in the past 12 months?

\$ _____

What do you expect the total of your activewear purchases from SanMar Canada to be in the next 12 months?

\$ _____

Banking Reference

Name: _____

Account # _____

Address: _____

Phone: _____ Fax: _____

AUTHORIZATION BY PRINCIPAL FOR RELEASE OF BANK INFORMATION

Name of Principal: _____

Phone: _____

Address: _____

Fax: _____

Name of Principal: _____

Phone: _____

Address: _____

Fax: _____

To whom it may concern:

This authorizes you to provide SanMar Canada with the information they request regarding the status of our account. Thank you very much.

Authorized signer on account _____

TERMS OF PAYMENT

It is understood and agreed that accounts are due on thirty (30) day basis. Overdue accounts are subject to a service charge of 1-1/2% per month (18% per annum). Payment will be accepted in the form of company cheque or EFT. Credit cards are not a valid form of payment.

CHANGE IN FINANCIAL CIRCUMSTANCES

The customer shall forthwith advise THE AUTHENTIC T-SHIRT COMPANY ULC of any material change in financial circumstances from those set forth herein and in any event the Customer acknowledges and agrees that THE AUTHENTIC T-SHIRT COMPANY ULC shall be entitled to review and evaluate on an annual basis the terms herein and the financial performance of the Customer, and the Customer shall, from time to time upon request of THE AUTHENTIC T-SHIRT COMPANY ULC provide THE AUTHENTIC T-SHIRT COMPANY ULC with such further information as may be necessary to effectuate the said review and evaluation.

I hereby authorize THE AUTHENTIC T-SHIRT COMPANY ULC to obtain such credit or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement. This consent is given pursuant to section 12 of the Credit Reporting Act, R.S.R.C. 1979, Chapter 78.

Signed current Financial Statement attached: Yes No

Customer Signature _____ Position of Signee: _____

THE
AUTHENTIC
T-SHIRT COMPANY®

SANMAR
C A N A D A

www.sanmarcanada.com

13471 Crestwood Place
RICHMOND, B.C. CANADA V6V 2G4
Tel: (604) 273-9088
Toll Free Tel: 1-800-663-7965
E-mail: credit@sanmarcanada.com

Fax: (604) 273-2261
Fax: 1-800-423-8238

6100 Kenway Drive
MISSISSAUGA, ON. CANADA L5T 2N3
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Toll Free Tel: 1-800-668-0899
E-mail: credit@sanmarcanada.com
Fax: (905) 602-6435
Fax: 1-800-529-0770



Account #:

Telephone #:

Dear Sir/Madam:

We accept Visa, MasterCard and Amex . Please fill in this authorization form to avoid any delays in shipping out future orders. If for any reasons there are any changes to the information you provide on this form, please feel free to contact us and we will be happy to modify this in our system. Thank you for your business.

We require a photocopy of both the front and back of your credit card.

****New Customers Only****

Name of your company:

Type of card: VISA MasterCard Amex

Credit Card Number:

Expiry Date:

Name as it appears on card:

Please check one of the following:

- For one year, I want my orders shipped prepaid by my credit card
- Until my card expires, I want my orders shipped prepaid by my credit card

This is to authorize **The Authentic T-Shirt Company ULC** to accept orders from our business, charge the cost of this/these order(s) to my credit card account and ship the merchandise as requested. By signing this document, I/We am/are accepting all responsibility for these transactions to ensure full payment to the merchant. We will inform you if use of this credit card is no longer valid.

Signature

Date

As our valued customer, we look forward to continuing to serve your needs.



13471 Crestwood Place
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