



HELIOS SOLAR

Solar Heating Distributors & Agents

Contact Info: Toll Free 866.628.4340

Local: 604.628.6963

email: info@heliossolar.com

FAX: 1.604.415.3405

Distributor / Resale Application Form (Page 1)

Company Legal Name:

Operating As:

Business Type: Inc. Ltd. Partnership Proprietorship Other

Business Model: Distributor Wholesaler Reseller Retail Contractor

Business Number:

Tax / Resale ID:

Billing Address:

City:

Prov./State:

Postal / ZIP:

Country: Canada United States of America Other

Shipping Address:

City:

Prov./State:

Postal / ZIP:

Country: Canada United States of America Other

Phone Number:

Fax Number:

Website Address:

Email Address:

Years in Business:

Has firm ever done business under a different name: No Yes

if yes, under what name(s):

Gross Revenue: **2007** **2008** **2009**

of Sales Personnel:

of Technical Personnel:

Total Personnel:

Are Company Purchase Orders Required: No Yes

if 'yes', who is authorized to provide purchase orders?

Name:

Title:

Name:

Title:



Distributor / Resale Application Form (Page 2)

Principal / Owner Contact(s) Information:

Full Legal Name: _____ Title: _____ % Share: _____
City: _____ Prov./State: _____ Postal / ZIP: _____
Country: Canada United States of America Other

Full Legal Name: _____ Title: _____ % Share: _____
City: _____ Prov./State: _____ Postal / ZIP: _____
Country: Canada United States of America Other

Full Legal Name: _____ Title: _____ % Share: _____
City: _____ Prov./State: _____ Postal / ZIP: _____
Country: Canada United States of America Other

Accounts Payable Contact Information:

Name: _____ Title: _____
Phone: _____ Extension: _____
Email: _____

Name: _____ Title: _____
Phone: _____ Extension: _____
Email: _____

Shipping / Receiving Contact(s) Information:

Name: _____ Title: _____
Phone: _____ Extension: _____
Email: _____

Name: _____ Title: _____
Phone: _____ Extension: _____
Email: _____



Distributor / Resale Application Form (Page 3)

Trade Reference #1 Contact Information:

Company Name:

Contact Name:

Title:

Address1:

Address2:

City:

Prov./State:

Postal Code / Zip:

Country: Canada United States of America Other

Phone:

Extension:

Email:

Trade Reference #2 Contact Information:

Company Name:

Contact Name:

Title:

Address1:

Address2:

City:

Prov./State:

Postal Code / Zip:

Country: Canada United States of America Other

Phone:

Extension:

Email:

Trade Reference #3 Contact Information:

Company Name:

Contact Name:

Title:

Address1:

Address2:

City:

Prov./State:

Postal Code / Zip:

Country: Canada United States of America Other

Phone:

Extension:

Email:



Distributor / Resale Application Form (Page 4)

Trade Reference #4 Contact Information:

Company Name:

Contact Name:

Title:

Address1:

Address2:

City:

Prov./State:

Postal Code / Zip:

Country: Canada United States of America Other

Phone:

Extension:

Email:

Trade Reference #5 Contact Information:

Company Name:

Contact Name:

Title:

Address1:

Address2:

City:

Prov./State:

Postal Code / Zip:

Country: Canada United States of America Other

Phone:

Extension:

Email:

Trade Reference #6 Contact Information:

Company Name:

Contact Name:

Title:

Address1:

Address2:

City:

Prov./State:

Postal Code / Zip:

Country: Canada United States of America Other

Phone:

Extension:

Email:



Distributor / Resale Application Form (Page 5)

Bank Information (for net 30 terms / applications for credit only)

Name: _____ Branch: _____

Account Manager:

Address:

City: _____ Prov./State: _____

Country: Canada United States of America Other

Account Manager Phone Number:

D&B Duns Number: _____ Equifax Number: _____

Account Number: Chequing Savings Line of Credit Loan Other

Account Number: Chequing Savings Line of Credit Loan Other

Account Number: Chequing Savings Line of Credit Loan Other

Applicant Authorized Signing Officer Signature:

Name: _____

Title: _____

Note: Please include with this completed application, a scanned / faxed copy of your current business license, and tax / resale ID certificate. Distributor / Resale applications will only be accepted for registered business entities residing in Canada and the USA. Your application will be reviewed within 5 business days from date of receipt, and we will contact you for any additional information regarding your application. Applications for credit terms must include bank information and a guaranteed letter of credit from a recognized financial institution. Standard accounts are due upon shipment via credit card / money order / certified check or cash.

Helios Solar Use Only:

Date Received:

Business License: No Yes Resale Certificate: No Yes GST / TAX ID: No Yes

Business Model Approval: Distributor Wholesaler Reseller Retail Contractor

Marketing Review: No Yes Sales Review: No Yes

Credit Review: No Yes Website Review: No Yes

Helios Solar Credit Approval Signature:

Name: _____

Title: _____