Urban Hearth Credit Application

Phone: 613-518-1690 / 866-377-1796 Fax: 866-779-1197 On the web: www.urbanhearth.ca. Email: orders@urbanhearth.ca or fax to number above.

| | | | Section A |
|-----------------------------------|----------------------------|---------------|-----------|
| DEALERSHIP APPLICATION | | | |
| Date of Application: | | Contact Name: | |
| Products Requested: | | | |
| Your Reason For Requesting The | ese Products: ₋ | | |
| Business Information | | | |
| Business Name: | | | |
| Date Business Opened: | | | |
| Address: | | | |
| Phone: Fax: _ | | Email: | |
| Additional Locations? (please de | tail): | | |
| Sales Percentage Wood% | | | |
| bales referringe das/6 | | | |
| Brands Sold (Rank from Largest | to Smallest Vo | lume): | |
| | | | |
| Geographical Area You Service:_ | | | |
| Staff Certifications (WETT/Gas):_ | | | |
| Number of Sales Staff: | | | |
| Number of Wood Burning Space | s in Showroon | n: | |
| Number of Gas Burning Spaces i | | | |

| | Section B |
|---|--|
| Persons Authorized to Purchase: | |
| Name: | Title: |
| | Title: |
| Email Address to Send Order Confirmations: | |
| Business Registration Number: | HST #: |
| Accounts Payable Name: | Phone #: |
| Email Address to Send Invoices: | |
| Payment Method: Cheque Direct Depo | osit (RBC) |
| | |
| Other Retail Locations: | |
| Will their product be invoiced to your | location? |
| (If no, and other location(s) wish to purcha complete a dealer/credit application.) | ase Urban Hearth product, please inform them to also |
| (If yes, please provide details in Section A) | |
| Ship To Address if different than above: | |
| Tailgate Required y or n: Hours/Days s | hipments accepted: |
| Is there anything else you want to tell us abo | out your business or procedures? |
| | |
| | |

Section C

CREDIT APPLICATION

(Only complete this section if you are requesting a credit line. If you wish to pay COD, skip to Section D)

| Type of Business:S | ole ProprietorshipPartn | ershipCorpor | ation (if corp. Province of Inc.) _ |
|--|-------------------------|--|--------------------------------------|
| Bank: | Address: | | |
| Phone: | Con | tact: | |
| | Owner/President Po | ersonal Inform | ation: |
| Full Name: | Titl | e: F | Iome Phone: |
| Home Address: | | City: | Province: |
| | • | | |
| Vondor | s With Complete Add | roce and Email | Tor A/D Compact |
| 1) Name: | <u>•</u> | _Address | |
| 1) Name: City: | | _Address _ Province: | |
| 1) Name: City: Phone: | | _Address _ Province: | Postal Code: |
| 1) Name: City: Phone: 2) Name: | A/R Email:_ | _Address Province:Address | Postal Code: |
| 1) Name: City: Phone: 2) Name: City: | A/R Email:_ | _Address Province:Address Province: | Postal Code: |
| 1) Name: City: Phone: 2) Name: City: Phone: | | _Address Province:Address Province: | Postal Code:Postal Code:Postal Code: |
| 1) Name: City: Phone: 2) Name: City: Phone: 3) Name: | | _Address Province:Address Province:Address | Postal Code:Postal Code: |

Section D

TERMS AND CONDITIONS OF SALE

- 1. The information above has been read and all representations are correct.
- 2. I hereby agree to pay my account within the terms of sale as stated upon each invoice. I further agree to pay a service charge of 1 1/2%per month (18% per annum) on all amounts not paid within the stated terms of sale. In any action to collect my debt to Urban Hearth, Inc., I hereby agree to pay all costs and expenses including attorney's fees and court costs at the pre-trial/trial and appellate levels.
- 3. I agree to abide by all Urban Hearth and Vendor Policies, Procedures and Programs.

Date Signature Title