

FISHING EQUIPMENT

## **Dealer Profile**

Please return completed form to: Fax: 800-982-7901

E-mail: info@anglersinternational.com

Mail: PO Box 255, Otterville, ON. NOJ 1RO CANADA

## **Company Information**

Legal Business Name:				
Doing Business As:				
Form of Business: Pro	oprietorship	Partnership	Corporation	
Name of Owner:		<del></del>	Year Company Found	ded:
Contact Person:		<del></del>	Title:	
Bill To (mailing address) Str	eet Address:			
City:	Prov	./State:	Postal/2	Zip:
Ship To (delivery address)s	ame as mailing	Street Address	:	
City:	Prov	./State:	Posta	l/Zip:
Telephone #:		Fax #:	· <del></del>	
E-mail Address:				
Website:				
Do we have permission to place	a link to your sh	op/site on our w	eb site? YES	NO
Does your store require product to be barcoded?			YES	NO
Terms & Conditions				
The purchase of any product fro All new accounts are prepaid un Once credit established – Sales T NSF or returned cheques will be Returned goods will be charged Anglers International Inc. retains them until full payment is receiv	til credit is estab Terms: Net 30 charged a \$25.0 a restocking fee s title to all good	lished. Interest: 2% p 0 administration of 25%. Authoriz	per month on any past fee. ation must be obtaine	due invoices.
Form Completed by				
I hereby acknowledge that I have above.  Name:		nd and agree to		
Signature:		nue.		