

MADAWASKA DOORS INC.

"ANY SIZE, ANY DESIGN, ANY WOOD, ANY TIME"



DISTRIBUTOR QUALIFICATION REQUEST

CONFIDENTIAL – PLEASE PRINT – PLEASE COMPLETE IN FULL & RETURN VIA FAX OR EMAIL

FULL, LEGAL BUSINESS NAME: _____

PHYSICAL & MAILING ADDRESS: _____

SHIPPING ADDRESS (IF OTHER): _____

IF ALTERNATE SHIPPING ADDRESSES ARE LIKELY, PLEASE CHECK:

PLEASE ATTACH INFORMATION IF MORE SPACE IS REQUIRED

MAIN PHONE #: _____

MAIN FAX #: _____

WEBSITE: _____

EMAIL ADDRESS: _____

NAME OF PRINCIPAL(S): _____

POSITION(S): _____

NAME OF PRINCIPAL(S): _____

POSITION(S): _____

HOME ADDRESS & PHONE # OF PRINCIPAL(S) IF COMPANY IS NOT INCORPORATED:

PLEASE ATTACH INFORMATION IF MORE SPACE IS REQUIRED

DOES YOUR SALES LOCATION HAVE A SHOWROOM? YES NO DO YOU HAVE DISPLAY SPACE AVAILABLE? YES NO

PERSON RESPONSIBLE FOR THIS ACCOUNT: _____

AUTHORIZED PURCHASING CONTACT(S): _____

PURCHASING PHONE (& EXT.) #: _____

PURCHASING FAX #: _____

PURCHASING EMAIL ADDRESS: _____

BILLING ADDRESS: _____

IF BUYING GROUP OR FRANCHISE, PROVIDE MEMBERSHIP #: _____

BILLING PHONE (& EXT.) #: _____

BILLING FAX #: _____

YEAR INCORPORATED / ESTABLISHED: _____

RENT OR OWN

G.S.T. #: _____

P.S.T. # / TAX I.D. #: _____

PLEASE PROVIDE PST EXEMPTION CERTIFICATE IF APPLICABLE

ANNUAL SALES VOLUME: _____

CREDIT REQUESTED: YES NO AMOUNT: _____

PLEASE ALSO SEE PAGE 2 >



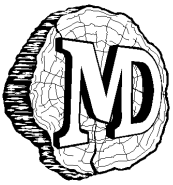
MADAWASKA DOORS INC.
P.O. BOX 938
BARRY'S BAY, ON, CANADA
K0J 1B0

TEL: 1-800-263-2358
FAX: 1-800-263-1584
TEL: 1-613-756-2641
FAX: 1-613-756-7071

WEBSITE
www.madawaska-doors.com
E-MAIL
mdi@madawaska-doors.com



ALL 1-800 NUMBERS ARE TOLL FREE IN CANADA AND U.S.A.



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DISTRIBUTOR QUALIFICATION REQUEST (CONT.)

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FULL, LEGAL BUSINESS NAME:

PLEASE IDENTIFY THE TYPE OF BUSINESS:

- ARCHITECT/DESIGNER CONTRACTOR DEVELOPER RETAIL OUTLET FRANCHISE GROUP MEMBER
- OTHER (PLEASE SPECIFY): _____

OPTIONAL: IF YOU WISH TO BE CONSIDERED FOR CREDIT TERMS WITH US, PLEASE COMPLETE THE FOLLOWING SECTION:

BANK INFORMATION:

ACCOUNT WITH: _____ ACCOUNT #: _____

CONTACT & POSITION: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

TRADE SUPPLIER REFERENCES: (NOTE: FAX NUMBERS ARE ESSENTIAL)

NAME OF BUSINESS: _____	CONTACT: _____
ADDRESS: _____	
PHONE #: _____	FAX #: _____
NAME OF BUSINESS: _____	CONTACT: _____
ADDRESS: _____	
PHONE #: _____	FAX #: _____
NAME OF BUSINESS: _____	CONTACT: _____
ADDRESS: _____	
PHONE #: _____	FAX #: _____

- I HEREBY REQUEST QUALIFICATION OF THE ABOVE NOTED BUSINESS FOR LIST PRICING DISCOUNT PERCENTAGE APPLICABLE TO FUTURE PURCHASES.
- I ACKNOWLEDGE THAT ALL PURCHASES OF MADAWASKA DOORS PRODUCTS ARE SUBJECT TO THE MADAWASKA DOORS STANDARD TERMS & CONDITIONS RELEVANT TO THE AUTHORIZED DISCOUNT LEVEL.
- FURTHERMORE, I GIVE MADAWASKA DOORS INC. PERMISSION TO CONDUCT A CREDIT INQUIRY WITH THE ABOVE SUPPLIED REFERENCES, IF APPLICABLE.

SIGNATURE

PRINTED NAME

POSITION

DATE



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