

# LENSON DEALER APPLICATION

246 Hurontario St.  
Collingwood, ON, L9Y 2M3  
Tel: 866-635-6766  
Fax: 705-444-2383  
Email: [info@lenson.ca](mailto:info@lenson.ca)

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please Print Form and Fax to: 705-444-2383**

Company Name \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_

Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Type of Business (circle one): Corporation LLC Sole Proprietor Partnership Other  
\_\_\_\_\_

FED Tax ID # or Social Security # (If Sole Proprietor): \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a Retail Store Front? **YES NO** #. of Square Feet: \_\_\_\_\_ # of  
Years in Business \_\_\_\_\_

What items/services do you currently sell?  
\_\_\_\_\_

I, \_\_\_\_\_, on behalf of the above-mentioned company agree to all terms of LENSON International Corp. I agree to pay in full prior to shipment. I am aware that shipments may be delayed due to circumstances beyond our control. I hold LENSON harmless and release LENSON of any liability with regard to end user sales. I agree that any and all disputes will be first brought into arbitration before an arbitrator, in the Province of Ontario, before any legal actions will commence.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
(Legal signature of responsible party or authorized representative)

**X** \_\_\_\_\_  
Title \_\_\_\_\_  
(Please print name here)

Please fax to: 705-444-2383 Attn: LENSON