

EPIC

DEALER SOLUTIONS LTD.

Fax: (204) 255-5771

DEALER APPLICATION

Dealer Legal Name _____

DBA _____

Dealer License _____

Phone# _____ **E-mail** _____

Fax# _____ **Website** _____

Physical Address _____

(suite#, street #, street)

(city, province)

(postal code)

Mailing Address _____

(suite#, street #, street)

() same as above

(city, province)

(postal code)

PRINCIPAL (1) _____

(First Name, Middle Initial, Surname Name)

Date of Birth _____ License Number _____

(dd/mm/yyyy)

Primary Phone Number _____

Cell Phone Number _____

Address _____

(apt#, street #, street)

(city, province)

(postal code)

PRINCIPAL (2) _____

(First Name, Middle Initial, Surname Name)

Date of Birth _____ License Number _____

(dd/mm/yyyy)

Primary Phone Number _____

Cell Phone Number _____

Address _____

(apt#, street #, street)

(city, province)

(postal code)

Principal 1 Signature _____ **Date** _____

Printed Name _____

Principal (2) Signature _____ **Date** _____

Printed Name _____