



CONFIDENTIAL DEALER APPLICATION

Date: _____

Legal Name: _____ Federal Tax ID#: _____

DUNS # _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Nature of Business: _____

Individual ___ Corporation ___ Partnership ___ Year Established _____

Corporate Officers _____ Title: _____

_____ Title: _____

Partner: _____ Partner: _____

Proprietor: _____

Years in business: _____ Other x-ray lines carried: _____

Do you provide on-site service? Y/N _____ # of Technicians: _____

Bank Name: _____ Bank Officer: _____

Address: _____

Telephone: _____ Fax: _____

Account #: _____

Sterne Med./Mfg.
20 Strathearn Ave. Suite #4
Brampton, ON L6T 4P7
T: 905 457 2524 F: 457 3396

Trade References:

Name: _____ Account #: _____

Address: _____

Telephone: _____ Fax: _____

Name: _____ Account #: _____

Address: _____

Telephone: _____ Fax: _____

Name: _____ Account #: _____

Address: _____

Telephone: _____ Fax: _____

Name: _____ Account #: _____

Address: _____

Telephone: _____ Fax: _____