



100-6 Gurdwara Rd. Ottawa, ON K2E 8A3
 Tel: 613-321-7777, Fax: 613-321-7775
 Toll Free Tel: 1-877-31VISTA, Toll Free Fax: 1-877-67VISTA
 www.vistacredit.ca

Supplier Application

Please Fax Completed Application to: 1-877-67VISTA(84782) or 613-321-7775

In order to provide a financing program that continually meets the needs of our dealers and their customers, Vista Credit requires that all dealers complete the following Supplier Application Form. All information collected is strictly confidential. **Please complete all information – Incomplete application forms will not be processed.**

CONTACT INFORMATION

Name of Business: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Fax: _____
 Website: _____ E-mail: _____

COMPANY PROFILE

1) Briefly describe the nature of your business _____
 2) In what year was your company established? _____ How long under current control? _____
 3) Number of sales people? _____ Monthly sales volume? _____ Estimated monthly financing volume? _____
 4) Will you allow Vista Credit to provide incentives to your sale people? Yes No

PRODUCTS AND SERVICES

1) What manufacturers does your company represent? _____
 2) What is the price range of your goods and services? _____
 3) What is the average sales price transaction amount? _____
 4) Is there a warranty attached to the product / service? Yes No If yes, who provides the warranty? _____
 5) Does your sales team have individual internet access and e-mail? _____
 6) Do you currently provide financing? Yes No If yes, which finance Company? _____

CREDIT BUREAU CONSENT

The undersigned acknowledges and agrees, in connection with Vista Credit making a determination in respect of this application, that (a) all information provided in this application is for the purpose of securing credit and warrants that it is true, correct and complete, (b) a credit/consumer report and other credit information containing personal information may be requested from a credit/consumer reporting agency and financial institution, (c) Vista Credit is authorized to exchange with any credit/consumer reporting agency and financial institution credit information covering this application for the purposes of a potential business relationship with Vista Credit.

Owner's First Name: _____ Owner's Last Name: _____ Title: _____
 Home Phone: _____ Cell Phone: _____
 Date of Birth: _____ SIN: _____ Email: _____
 Home Address: _____ City: _____ Province: _____ Postal Code: _____

Owner's Signature: _____

Application Submitted by: _____ DATE: _____
 (mm/dd/yyyy)

PLEASE SUBMIT THIS APPLICATION ALONG WITH A COPY OF THE FRONT PAGE OF YOUR ARTICLES OF INCORPORATION

(i.e. page with your company's legal name)

Vista Credit, should it accept this Application, intends to provide access to its Finance program and technology to the above identified organization (hereinafter called the "SUPPLIER"); The SUPPLIER will be required to enter into a formal Consumer Finance Program Agreement before access to the Vista Credit Finance program will be granted.

SUBMITTED FROM VISTA CREDIT WEBSITE