

TOVEL

New Dealer Forms

DEALER APPLICATION

(MUST BE COMPLETE FOR CONSIDERATION)

Date: _____

DEALER INFORMATION

Dealership Name _____

Address: _____ City: _____

State/Province: _____ Country: _____ Postal Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Primary Business: _____

Product Lines Handled: _____

Years in Business: _____ VAT#: _____ Annual Sales: _____ Currency: _____

Dealer Principal: _____

Sales Manager: _____

Service Manager: _____

Parts Manager: _____

Building Size: _____ Yard Size: _____ Owned/ Leased/ Rented _____

(If property is owned by an affiliated company or individual provide details) _____

Condition/Appearance of Building: _____ (Scale of 1 - 10) Pictures Included Y/N _____

SERVICE

Square Footage of Shop _____ Number Service of Bays _____ Mobile Service Y/N _____ Shop Rate \$ _____ per hour.

Number of Technicians Employed - Full Time _____ Part Time _____

Days & Hours of Operation? Mon-Friday _____ Sat _____ Sunday Y/N _____ On Call 7days and 24 hours Y/N _____

Number of Trucks _____ and Trailers _____ available for equipment delivery?

Annual Service Sales \$ _____; Service Sales to Internal/Affiliated Companies, divisions/departments \$ _____

PARTS

Square Footage of Public Display Area _____ Square Footage of Employee Only Area _____

Annual Parts Sales \$ _____; Parts Sales to Internal/Affiliated Companies, divisions/departments \$ _____

SALES

Total Number of Sales Employees _____ Salary (Y/N) _____ Commission (Y/N) _____

Brokers or agents that work out of a remote location Y/N _____ (Please provide a list of their names and territory).

Number dedicated to selling Thomas: _____ Name(s) of individuals _____

Square Footage of Showroom _____ Ability and Budget to Tow and Show (Y/N) _____, \$ _____

Does Dealer maintain a Rental Fleet? Y/N _____. If yes, approximate size in dollars and product mix _____

Customer (%): Construction ____; Rental Houses ____; Commercial/Industrial ____; Agricultural ____; Other (Please specify) ____

Dominant Industry in Market: _____

PROJECTED FIRST YEAR SALES OF THOMAS EQUIPMENT (State as number of units): _____

Projected Sales for: Year 2 ____ Year 3 ____ Year 4 ____ Year 5. ____ (Minimum 20 Year 2 +15% increase per annum thereafter)

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TERRITORY

Initial Territory Assignment (Counties): _____

Additional Territory to be considered after Year 1 (Counties): _____

Total Forklift/Telehandler Market in Territory? _____ Additional Territories _____

Financial Commitment to: Signage (Y/N) _____ Local Advertising (Y/N) _____

Local Trade Shows (Y/N) _____ National Trade Shows (Y/N) _____

INITIAL STOCKING ORDER: Must Equal 40% of Projected First Year Sales

ROUGH TERRAIN FORKLIFT (NUMBER & MODEL) _____

TELESCOPIC HANDLERS (NUMBER & MODEL) _____

MORTAR MIXERS (NUMBER & MODEL) _____

OTHER _____

Subject to Approval, as a Tovel Dealer, have you included the initial parts stocking order of \$5,000.00 Y/N _____ If not give a date expected _____

FINANCIAL

Floor Plan Source (Company, Branch, and Contact) _____

Floor Plan Credit Limit \$ _____ Current Utilization \$ _____

Intended security for purchases (Letter of Credit/ Bank Guarantee/) _____

If necessary are Personal Guarantees available from the Dealer Principal and Spouse (Y/N) _____

SUBMITTED WITH, OR PRIOR TO THE BALANCE OF THE PACKAGE:

ORIGINAL OF:

Credit Application _____

Bank Release _____

COPY OF:

Financial Statements (three most recent year end financial statements including schedules) _____

Certificate of Incorporation (or Equivalent Proof of Legal Name) _____

Certificate of Insurance _____

Dealer State License _____

ALL SIGNATURES ARE NECESSARY FOR FINAL APPROVAL

Dealer: _____ Date: _____

Sales Manager: _____ Date: _____

Controller: _____ Date: _____

VP Sales: _____ Date: _____

President: _____ Date: _____

CREDIT APPLICATION

(MUST BE COMPLETE FOR CONSIDERATION)

77 Bradwick Drive, Concord, Ontario, L4K 1K5

Tel: 905-738-5511 Fax: 905-738-7934 Toll Free: 1-800-273-9904

COMPANY NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE _____ FAX _____ FEDERAL TAX NO. _____

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

PRINCIPAL'S NAME (S) _____

YEAR BUSINESS STARTED _____ ESTIMATED CREDIT REQUIRED _____

OTHER PRODUCTS OR BRANDS REPRESENTED:

MANUFACTURER/BRAND	PRODUCT

BANK REFERENCES: (PLEASE COMPLETE THE ATTACHED BANK RELEASE)

BANK	CONTACT PERSON
ADDRESS	PHONE NUMBER
BANK	CONTACT PERSON
ADDRESS	PHONE NUMBER

TRADE REFERENCES:

FIRM NAME	MAILING ADDRESS	PHONE NUMBER

SIGNATURE OF PRINCIPAL _____ DATE: _____

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Bank Release

I _____
(Name of Company Officer)

The undersigned of _____
(Company name)

Hereby authorize _____
(Bank Name)

**TO RELEASE ALL PERTINENT CREDIT INFORMATION TO TOVEL,
UPON REQUEST.**

BANK ACCOUNT NUMBERS:

DATE: _____

SIGNATURE: _____
