DEALER APPLICATION



Tel: (403) 456-3050

Thermalution Canada / Prototype Integrated Solutions, Inc..

PO Box 225 . Milner, BC, V0X 1T0		Fax	: (403) 456-3051
Company Name:			
Address:			
City:	Province:	Postal Code:	
Telephone:	Fax:		Email:
Nature of Business:	No. of Y	of Years in Business:	
Contact 1:	Contact	2:	
Company Bank:		······	
Address:			
Telephone:	Fax:		
Bank Account Number:	Bank M	anager:	
Trade References:	······································	······	······································
1) Company Name:		Con	tact:

DEALER APPLICATION

	Address:		
	Telephone:	Fax:	
2)	Company Name:	Contact:	
	Address:		
	Telephone:	Fax:	
3)	Company Name:	Contact:	
	Address:		
	Telephone:	Fax:	
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Com	pany Representive:		
Sign	ature:		
Date	s Submitted:		





