



205-6 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.VistaServices.ca

VISTA SUPPLIER APPLICATION

In order to provide a financing program that continually meets the needs of our dealers and their customers, Vista 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: _____ Email: _____

COMPANY PROFILE

- Briefly describe the nature of your business: _____
- In what year was your company established: _____ How long under current control: _____
- Number of sales people: _____ Monthly sales volume: _____ Estimated monthly financing volume: _____
- Will you allow Vista to provide incentives to your salespeople: Yes No
- Are your service technicians commissioned to sell: Yes No

PRODUCTS AND SERVICES

- What manufacturers does your company represent: _____
- What is the average sales price transaction amount: _____
- What percentage of your business is Residential Retrofit _____%, Residential New Construction _____%, Commercial _____%
- If you are an HVAC dealer: a) how many water heaters do you install annually: _____
 What could you achieve annually with your own rental program: _____
- 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 (optional): _____ Email: _____
 Home Address: _____ City: _____ Province: _____ Postal Code: _____

Owner's Signature: _____ Date: _____
 (mm/dd/yyyy)

Administrative Contact: _____ Email: _____
 Phone: _____

PLEASE SCAN AND EMAIL COMPLETED APPLICATION TO SALESADMIN@VISTASERVICES.CA ALONG WITH A COPY OF THE FRONT PAGE OF YOUR ARTICLES OF INCORPORATION AS WELL AS YOUR TSSA AND WSIB CERTIFICATES

VISTA SALES REPRESENTATIVE: _____

Vista, 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.