

## **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:		Posta	al Code:	
Phone:		Fax:		
Website:		Email:		
COMPANY PROFILE				
1. Briefly describe the nature of you	ır 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 to provide in	centives to your salespeople: Y	'es No		
5. Are your service technicians com	missioned to sell: Yes No			
6. Do you conduct door to door or c	other forms of unsolicited sales:	Yes No		
PRODUCTS AND SERVICES				
1. What manufacturers does your c	ompany represent:			
2. What is the average sales price t	ransaction anount:			
3. What percentage of your busines	ss is Residential Retrofit%,	Residential New Constru	iction%, Commercial	_%
4. If you are an HVAC dealer: a) ho	ow many water heaters do you ins	tall annually:		
b) wl	hat could you achieve annually wit	h your own rental program	:	
5. Do you currently provide financin	g: Yes No If yes, which F	inance Company:		
information provided in this application credit/consumer report and other credit/consumer report and other credit/consumer report and other credit/consumer report and other credit/consumer report and credit/con	tion is for the purpose of securing redit information containing persor Vista is authorized to exchange w	credit and warrants that it is al information may be requith any credit/consumer rep	lested from a credit/consumer reportin porting agency and financial institution	ng
Owner's First Name:	Owner's Last Name	e:	Title:	
Home Phone:		Cell Phone:		
Date of Birth:	SIN (optional):	Email:		
Home Address:	City:	Province:	Postal Code:	
Owner's Signatur	'e:	Date:(m	m/dd/yyy)	
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

## FROM THE VISTA SERVICES WEBSITE

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 Finance program will be granted.