

## Wholesale Account Application

To open a wholesale account,  
Please complete and sign this form and return to:

E Mail [info@hinlim.ca](mailto:info@hinlim.ca)      FAX (905) 629-0774

HINLIM CANADA

Tel (905) 629 0778

Date ( YY /MM /DD )

Legal Business Name \_\_\_\_\_

Legal Owner(s) \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

In business since \_\_\_\_\_ Vendors License/Resale # \_\_\_\_\_ GST# \_\_\_\_\_

Description of your business \_\_\_\_\_

*I would like to list my business as a HINLIM CANADA Retailer at [www.hinlim.ca](http://www.hinlim.ca)*

Yes / No

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Manager \_\_\_\_\_

Others authorized to place orders \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

Used by HINLIM CANADA . \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_