



DEALER ACCOUNT OPENING FORM

Please complete this form to open your account.
Missing information could delay the account opening process.

DEALER INFORMATION			
Dealer name		Company number (if applicable)	
Address		City	Province
Phone number	Fax number	Accounts payable email address	In business since _____ years
GST number	QST number	OPC merchant number	NEQ number

WORKFORCE INFORMATION		
First owner name	Second owner name	General Manager name
Commercial Director name (new)	Commercial Director name (used)	Parts Manager name
New vehicles sales Manager name	Used vehicles sales Manager name	Service department Manager name

FINANCIAL INSTITUTION INFORMATION			
Financial institution name		Phone number	Member since _____ years
Address		City	Province
			Postal code

SUPPLIERS REFERENCES INFORMATION (MANDATORY)			
First supplier name	Contact person	Phone number	Client since _____ years
Second supplier name	Contact person	Phone number	Client since _____ years

BRAND LINES OWNED BY THE DEALER			
Brand 1	Brand 2	Brand 3	Brand 4
Approximate sales volume (per year)		Total	New vehicles
			Used vehicles

VEHICLE TYPE (PLEASE CHECK ALL THAT APPLY)				
Conventional <input type="checkbox"/> Passenger vehicles <input type="checkbox"/> Light trucks <input type="checkbox"/> Imported vehicles <input type="checkbox"/> Exotic vehicles <input type="checkbox"/> Commercial vehicles	Electric <input type="checkbox"/> Full electric <input type="checkbox"/> Hybrid <input type="checkbox"/> Tesla <input type="checkbox"/> Trailers of all kind <input type="checkbox"/> Heavy vehicles	Recreative <input type="checkbox"/> Towable <input type="checkbox"/> Motorized <input type="checkbox"/> Tractors	Power sport <input type="checkbox"/> ATV/Side-by-side <input type="checkbox"/> Snowmobiles <input type="checkbox"/> Motorcycles <input type="checkbox"/> Motocross <input type="checkbox"/> 3 wheeled motorcycles <input type="checkbox"/> E-bikes	Marine <input type="checkbox"/> Personal watercraft <input type="checkbox"/> Boat <input type="checkbox"/> Jet boat

<i>FOR KM + ADMINISTRATION ONLY + Price list applicable to this merchant</i>				
<input type="checkbox"/> Price list A <small>Explanation required</small>	<input type="checkbox"/> Price list B	<input type="checkbox"/> Price list C	COD account	Term account
				Agent name

This form has been signed in _____, on the _____ day of _____ 20__.

By signing this form, I, (the owner) _____, authorize and acknowledge that KM+ WARRANTY INC. reserves the right to verify the accuracy of the above information. Furthermore, I agree that any omission, whether intentional or not, may result in the rejection of this account opening request or an immediate cancellation of my account.

Owner signature

Name in block letters

AT ANY TIME, PURCHASES OF ADDITIONAL WARRANTIES ARE PAYABLE BY THE 15TH OF THE FOLLOWING MONTH AND YOU ARE LIABLE TO SEND US THE REMITTANCE FORM WITH YOUR PAYMENT.