



## DEALER CONTACT INFORMATION FORM

US Dealers



Please complete the following information and return to Flexifinger’s Corporate Head Office using one of the following methods:

- via regular mail to: Flexifinger QD Industries Inc., PO Box 1599, Assiniboia SK S0H 0B0 CANADA;
- via fax to: 1-306-642-3520; or
- via email to: l.martin@flexifinger.com.

### 1. General contact information:

Company name: \_\_\_\_\_

Operating as: \_\_\_\_\_

Street address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (main) \_\_\_\_\_ (fax) \_\_\_\_\_

Phone: (parts desk) \_\_\_\_\_

### 2. Specific contact information:

**Main contact person:** \_\_\_\_\_

Position: \_\_\_\_\_

Phone: (direct) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Email: \_\_\_\_\_

**A/P contact person:** \_\_\_\_\_  Same as above

Position: \_\_\_\_\_

Phone: (direct) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Email: \_\_\_\_\_

**Parts Manager:** \_\_\_\_\_  Same as above

Position: \_\_\_\_\_

Phone: (direct) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

Email: \_\_\_\_\_

### 3. Contact authorization:

I authorize Flexifinger to send electronic messages to the above mentioned contacts.

I want the main contact to receive Flexifinger’s semi-annual Flexifinger Dealer Network Newsletter via email.

(over)



**4. State Tax & Use Exemption and/or Resale Information:**

- I have attached the applicable State Tax & Use Exemption Certificate
- I have attached the applicable State Certificate for Resale.
- I have not attached any documents but will provide the following information:

FEIN : \_\_\_\_\_

Type of business:     Retail                       Agricultural                       Other (specify) \_\_\_\_\_

Type of exemption:  Resale                       Agricultural                       Other (specify) \_\_\_\_\_

Resale #: \_\_\_\_\_ Exemption #: \_\_\_\_\_

I/We certify that the above information is true and correct. I agree to submit updated contact information to Flexifinger in the event that any of the above information should change.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_