

Sandtastik Products Ltd.

1 - 58 Prosperity Ave Port Colborne, ON L3K 5X9 Canada P 905.734.7340 F 905.734.7733 TF 800.845.3845 www.sandtastik.com

AUTHORIZED DEALER APPLICATION FORM

Complete the following with details regarding the parent corporation or head office.

Business Information		
Company:		
Tax ID# (EIN or GST/HST):		
Address:		
City:		
State/Province:	Zip/Postal Code:	
Country:		
Phone Number:	Fax Number:	

Complete the following with details regarding physical brick-and-mortar and/or distribution warehouse. Please provide one copy of this form for each location.

Physical Location Information	١		
Type:	☐ Brick-and-Mortar	☐ Distribution Warehouse	
Store Name:			
Address:			
City:			
State/Province:		Zip/Postal Code:	
Country:			
Phone Number:			



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E-COMMERCE ACCOUNTS

Please reference any/all e-commerce website account names, URLs, etc you will be listing our products on.

Online Store Information	
Account:	
URL:	
Online Store Information	
Account:	
URL:	
Online Store Information	
Account:	
URL:	
Online Store Information	
Account:	
URL:	
Online Store Information	
Account:	
URL:	



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Complete the following with details of the applicant.

Applicant Information		
Name:		
Position:		
Email:		
Phone Number:		
9 9	Il products will not be lis	vledge the following: ted on third-party websites, including arget, etc without prior consent or awarded
Authorized Si	gnature	Date