



**Lakeshore Power Systems**

397 South Edgeware Rd., Unit 3, Suite 101  
St. Thomas, Ontario N5P 4B8  
866-877-7441

**Authorized Dealer Application**

**Dear Potential Customer**

Thank you for inquiring about buying from Lakeshore Power Systems. We post our dealer pricing on-line, and therefore do not email price lists to our dealers. All dealers must submit an application, be approved, and be set up as a dealer on-line in order to view pricing. Successful applicants will receive a welcome email from us with the unique log-in information needed to access pricing and other password protected areas of our website. Before we can commit to welcoming you, we need to know more about your company. The information you submit will not be shared with any one outside our company.

After being accepted as an authorized L.P.S. Customer, you may apply for a credit account. We will consider granting credit to long-term customers that have purchased a minimum of \$10,000 and placed at least two orders with us in the last 12 months.

Applicable sales taxes will be charged on all orders until a valid resale certificate is on file. Charges for sales taxes already paid prior to filing the resale certificate will not be refunded.

Did you read Lakeshore Power Systems Terms and Conditions?  Yes  No

Do you agree to Lakeshore Power Systems Terms and Conditions?  Yes  No

**General Information**

Company \_\_\_\_\_ Purchasing Contact \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_ Do you have an online store?  Yes  No

**Shipping Information**

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
Shipping Location  Residential  Commercial  
Shipping needs:  Loading dock available  Drop ship to customer  Lift gates required

**Ownership**

Type of Ownership:  Sole Proprietorship  Partnership  LLC  Corporation  
 Other:

Full name(s) of owner(s), partners, or corporate officers:

- 1. Name: \_\_\_\_\_ Title \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Title \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Title \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Business Information**

Business Type (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Solar Installer / Integrator | <input type="checkbox"/> Electrical Contractor   | <input type="checkbox"/> Roofing Contractor    |
| <input type="checkbox"/> HVAC Contractor              | <input type="checkbox"/> Residential Homebuilder | <input type="checkbox"/> Commercial Builder    |
| <input type="checkbox"/> Retail Store                 | <input type="checkbox"/> Internet Store          | <input type="checkbox"/> Wholesale Distributor |
| <input type="checkbox"/> Specialty Reseller           | <input type="checkbox"/> Government User         | <input type="checkbox"/> Industrial User       |
| <input type="checkbox"/> OEM Manufacturer             | <input type="checkbox"/> Other (specify)         |  |

Please specify market focus (check all that apply)

- |                                      |                                     |                                       |
|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Grid Tie    | <input type="checkbox"/> Off-Grid   | <input type="checkbox"/> Remote Power |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial   |

Resale/PST number  
Master Business Number

Years in present business:  
Years at present location:

Territories in which you operate:

**Sales Information:**

Specific product line(s) of interest:

**Lakeshore Newsletter:**

We email our newsletter out to all our dealers. Please provide the names and email addresses of up to two persons at your company who should receive this newsletter:

Name:  
Email Address:

Name:  
Email Address:

**Privacy Assurance:**

Lakeshore Power Systems will not divulge your information to any third party.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please email or fax this application to:  
[dealers@lakeshorepowersystems.com](mailto:dealers@lakeshorepowersystems.com)

1-519-631-7170 attention "New Dealer Application"