



## ATLANTIC BUILDING SUPPLY DEALERS ASSOCIATION APPLICATION FOR DEALER MEMBERSHIP

70 Englehart Street, Dieppe, N.B. E1A 8H3  
 Telephone: (506) 858-0700 • Fax (506) 859-0064  
 Email: absda@nb.aibn.com • Web Site: www.absda.ca

Date of Application \_\_\_\_\_

TO QUALIFY AS A FULL MEMBER, AN INDIVIDUAL OR ORGANIZATION SHALL BE REGULARLY ENGAGED IN THE LUMBER AND BUILDING MATERIALS TRADE AT THE RETAIL LEVEL AND SHALL BE ABLE TO MEET ALL OF THE FOLLOWING CRITERIA:

- a. Must be able to supply and deliver all reasonable orders from their stock of complete product lines;
- b. Must be primarily engaged in the business of selling building materials to retail trade;
- c. Must have suitable retail space to serve the public, complete with adequate signage and showrooms;
- d. Must be open for business during regular business hours;
- e. Must have the intention of remaining in business;
- f. Must have been in business twenty-four months prior to making application for membership;
- g. Must sell primarily first quality lumber and building materials, which meet or exceed local and/or national building code standards.

All applications are subject to the approval of the ABSDA Board of Directors, whose decision shall be final.

**Please Print or Type**

1. Company Name \_\_\_\_\_

2. Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web Site \_\_\_\_\_

3. The business is: (place check in appropriate box)

(a) A limited company

(b) A partnership

(c) A personal, unincorporated business

4. The names and addresses of persons financially interested or as partners, directors of company are:

<u>Name</u>	<u>Title</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Buying Group affiliation \_\_\_\_\_

6. INVENTORY: List types of products carried (i.e. lumber, plywood, building materials, hardware, paints, lighting, home furnishings, appliances, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please show what percentage of the total sales of your firm is sold to retail customers and what percentage is sold or transferred to your installed sales division.

\_\_\_\_\_ % To retail customers                      \_\_\_\_\_ % Sold or transferred to your installed sales division.

8. Date business was established \_\_\_\_\_

9. Length of time present owner or owners have been in lumber and/or building materials retailing  
\_\_\_\_\_

10. Does company own and operated branch locations in addition to parent company listed under #1 on the front page of this application?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If the answer is YES, please list pertinent data below: (attach separate sheet if additional space is required)

**NAME OF OUTLET**

**ADDRESS**

_____	_____
_____	_____
_____	_____
_____	_____

11. Does your company own any affiliated companies?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If the answer is yes, please list the names, addresses and a short description of the other businesses.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. List any additional information you consider to be relevant and which will enable the Board of Directors to deal with this application.

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\_\_\_\_\_

\_\_\_\_\_

I/We hereby make application for dealer membership in the Atlantic Building Supply Dealers Association and in support of this application, submit the above information.

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Recommended By \_\_\_\_\_

Approved By Board \_\_\_\_\_

Not Approved by Board \_\_\_\_\_

DATE \_\_\_\_\_