

APPLICATION FOR DEALER MEMBERSHIP

ATLANTIC BUILDING SUPPLY DEALERS ASSOCIATION
70 Englehart Street, Dieppe, N.B. E1A 8H3
Telephone: (506) 858-0700 · Email: absda@nb.aibn.com
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 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 _____
Street Address _____
Mailing Address _____ P.O. Box _____
City/Town _____ Province _____ Postal Code _____
Business Telephone _____ Fax _____
General Email _____ Web Site _____

2. **The business is:** (check appropriate box)

(a) A limited company

(b) A partnership

(c) A personal, unincorporated business

3. **Buying Group affiliation:** _____

4. **Primary Contact:** (check all that apply)

Owner Manager Accounting HR/Training

Name: _____ Title: _____

Email: _____ Mobile: _____

5. **Other Key Contacts:** (check all that apply)

Owner Manager Accounting HR/Training

Name: _____ Title: _____

Email: _____ Mobile: _____

Name: _____ Title: _____

Email: _____ Mobile: _____

Name: _____ Title: _____

Email: _____ Mobile: _____

6. **List types of products carried:**
 (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 the company own and operate branch locations in addition to parent company listed under #1 on the front page of this application? If the answer is YES, please list pertinent data below: (attach separate sheet if additional space is required)**
- _____ Yes _____ No

Branch Name _____

Street Address _____

Mailing Address _____ P.O. Box _____

City/Town _____ Province _____ Postal Code _____

Business Telephone _____ Fax _____

General Email _____ Web Site _____

Primary Contact: (check all that apply) **Owner Manager Accounting HR/Training**

Name: _____ Title: _____

Email: _____ Mobile: _____

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. (attach separate sheet if additional space is required)

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

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.

APPLICANT SIGNATURE: _____ **TITLE:** _____

FOR ABSDA USE ONLY: Recommended by _____

Approved by Board _____

Not Approved by Board _____

DATE _____