



TOSHIBA TEC CANADA AUTHORIZED VAR APPLICATION FORM

Company Name: _____

Company Locations:
(Head Office, other..) _____

Number of Employees: _____

Company Profile:
(Business, Vertical
Markets, Products..) _____

Number of Sales
Personnel: _____

Number of Service
Personnel: _____

Other Thermal
Printers Sold:
(Make, Model..) _____

Would the Company agree to sell a minimum of 5 Toshiba TEC printers over a 1 year period:

YES _____ NO _____

Would the Company agree to attend at least one technical and sales training session per year:

YES _____ NO _____

Does the Company agree to purchase Toshiba TEC products from an authorized Distributor:

YES _____ NO _____

*** Please fax completed form to Toshiba TEC Canada 905-890-8283 Attention Mr. David Boyd**

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