

VENDOR PROFILE

Fax: 604-688-4286 Phone: 604-688-4252 Toll Free: 1-877-688-4252

CC	OMPANY INF	ORMATION					
Le	gal Business Na	ame:					
Ор	erating As:						
Ad	dress:				City:		
Pro	ovince: F	Postal Code:	Phone #:		Fax #:		
Tra	ading Years:	Months: # of Em	ployees: I	Email:			
	siness Type: thorised Dealer	For:					
Но	w is service pro	ovided					
on	products sold:						
Do	you offer main	tenance contracts/agree	ements? Yes:	No:			
OV	WNER INFOR	MATION					
Las	st Name:		First Name	:		Initial:	
Ad	dress:				City:		
Pro	ovince:	Postal Code:	Social So	ecurity Number:			
Las	st Name:		First Name	:		Initial:	
Ad	dress:				City:		
Province:		Postal Code:	Social So	ecurity Number:			
BA	NK REFERE	NCES					
Ва	nk Name:						
Ad	dress:			City:	Postal Code:		
Account #(s):				How long Years:	Months:		
Со	ntact:		Phone:		Fax:		
TR	RADE REFER	ENCES					
1	Supplier:		Contact:		Phone #:		
2	Supplier:		Contact:		Phone #:		
3	Supplier:		Contact:		Phone #:		
to	Vendor represents and warrants that all information submitted is true and correct. Vendor grants permission to the credit department to obtain from any credit source, including the applicant's bank, credit information concerning applicant. We may request further information necessary to process this application.						
Sic	ınature	Title	e	[Date		

Signature