



WHOLESALE INFORMATION FORM

*** Please complete this form and fax to us with a copy of your business license, resale certificate, and tax exemptions to (514) 327-7095. *Thank you!***

Company Information:

Company Name: _____	Contact Name: _____
Street Address: _____	
City: _____	State: _____
Country: _____	Zip Code: _____
Telephone No: _____	Fax No: _____
E-mail address: _____	Web Page Address: _____

Ownership:

Corporation ____ Partnership ____ LLC ____ Sole Owner ____ Other ____

Date established: _____ Annual Sales (\$): _____ No of Employees: _____

Principal Name(s): _____ Signature: _____

Principal Name(s): _____ Signature: _____

Principal Name(s): _____ Signature: _____

Please advise which courier service you would like us to use and your account number:

FedEx:	_____	UPS:	_____	DHL:	_____
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