

Vendor Profile

Legal Company Name:		Web Site:	
Contact:		Title:	
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	Prov/State:	Postal/Zip:	
Date Established:			
Equipment Types:			
Check One: <input type="checkbox"/> Head Office <input type="checkbox"/> Branch <input type="checkbox"/> Subsidiary <input type="checkbox"/> Sole Location			
If Branch Or Subsidiary Please Provide: Name Of Parent Company:		Phone:	
BANK INFORMATION			
Bank:		Branch:	
Contact:		Phone:	
City:			
Prov/State:		Postal/Zip:	
BUSINESS/TRADE REFERENCES			
Company Name:			
City:	Contact:	Phone:	
Company Name:			
City:	Contact:	Phone:	
We acknowledge that a credit investigation will be conducted based on the information above and we authorize you to contact those references necessary to obtain the information required			
Signature:		Date:	
Print Name:			
<i>Thank you for allowing us to get to know you better</i>			