



Would you like to work with us in being a supplier? Please fill out the form below. Once complete, please send it to [info@maillotinc.com](mailto:info@maillotinc.com). We will contact you as soon as we get the chance to review it.

# Supplier Application Form

Name of Business:			Tax I.D. Number	
Address:				
City:	Province/State:	Postal/Zip:	Phone:	

## Company Information

Type of Business:		In Business Since:		
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:		In Business Since:		
Address:	City:	Province:	Postal:	Phone:
Return/Rotation Policy:				
Manufacturer of main product line (if company does not manufacture own products):				

**Contact of whom purchase orders should be sent to**

Name:	Phone:	Email:	Fax:
Purchase orders should be sent via:		Email <input type="checkbox"/>	Fax: <input type="checkbox"/>

**Please describe your product(s) and/or service(s) in the box below**

hereby certify that the information contained herein is complete and accurate.

Signature

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*Date*



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