



**Office Use Only:**

Date:

Account Number:

Territory

Cust. Code:

**PLEASE COMPLETE ALL PERTINENT INFORMATION REQUIRED**

**Return via Email to: [info@dpicanada.ca](mailto:info@dpicanada.ca)**

***CONFIDENTIAL PARTNERSHIP APPLICATION***

**PARTNERSHIP TERMS**

**All jobs are payable prior to shipping. This is DPI Canada's standard policy, unless otherwise specified contractually. This ensures our ability to continue providing our clients with aggressively competitive pricing. You have the ability to make payments directly on our website through our secure online providers.**

**Contact Information:**

Internet Website Address:

E-Mail Address (Principal of Company):

E-Mail Address (Accounts Payable):

Purchase Order Required Upon Order:                      Yes                      No

**Name of Business & Street Address:**

LEGAL NAME OF COMPANY

TELEPHONE #

FAX

STREET

GST # / HST #

CITY/PROVINCE

POSTAL CODE

PST #

**Ship to Address (If applicable)**

**Same As Above:**

STREET

CITY/PROVINCE POSTAL CODE

**Form of Business:**

PROPRIETORSHIP:

PARTNERSHIP:

CORPORATION:

OTHER: Describe, if OTHER:

**Other Company Information:**

NAME OF PARENT COMPANY & AFFILIATION (IF APPLICABLE)

NATURE OF BUSINESS

DATE BUSINESS STARTED

**Trade References (minimum of 3 required):**

TRADE REFERENCE NAME

CITY & PROVINCE

TELEPHONE NUMBER

**1**

**2**

**3**

**4**

**ACCOUNTS PAYABLE CONTACT :**

AUTHORIZED SIGNING OFFICER & TITLE

DATE