

Vendor Partner Application



Vendor Partner Information

Business Name		Business Number	
Address	City	Province	Postal Code
Main Tel Number	Main Email Address		Website
Contact Name		Title	
Email Address	Office Tel Number	Cell Number	

Service Offerings

Signature	Signed By (Full Name)	Date
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Business Account Manager Information

Signature	Signed By (Full Name)	Date
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Please email all submissions to sales@business.xplore.ca