



SUPPLIER REGISTRATION FORM

FILL IN AND RETURN WITH REQUIRED DOCUMENTS TO THE ADDRESS AT BOTTOM OF PAGE OR BY EMAIL TO marsenault@ddo.qc.ca

IMPORTANT:

- 1- Answer all questions, print and sign the form.
- 2- Attach a sample invoice with the form or supplier's registration will not be accepted.

TYPE OF SUPPLIER

FULL NAME:	
HEAD OFFICE ADDRESS:	
POSTAL CODE:	
TELEPHONE AND FAX:	
WEBSITE:	
NAME OF CONTACT PERSON:	
EMAIL OF CONTACT PERSON:	
CORPORATE STATUS:	
TYPE OF BUSINESS:	
TYPE OF CHARTER:	
NEQ #:	
GST NO.:	
QST NO.:	
NUMBER OF YEAR(S) IN BUSINESS:	
ANNUAL SALES FIGURE (\$):	
NUMBER OF PERMANENT EMPLOYEES:	
ACTIVITIES:	
OTHER (SPECIFY):	

I certify that the information provided on this form is correct and true and describes our business well.

Name and title	Signature	Date (DD/MM/YYYY)
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(reserved for use by the City of Dollard-des-Ormeaux)

Supplier's number : _____ Date : _____