

SPRINGWATER WOODCRAFT

Dealer Profile Form

Company Name: _____
Contact (full name): _____
Phone: _____
Alternate Phone: _____
Fax: _____
e-mail: _____
Website: _____
Your Building is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented
Year Established: _____

Billing Address: _____ _____ _____ _____ _____	Shipping Address: <input type="checkbox"/> Same as Billing _____ _____ _____ _____ _____
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Preferred Transport Carrier (<i>for Ontario & Quebec, our preferred carrier is VA Transport</i>): _____
Receiving Hours of Operation: _____

Also required (if you didn't receive these forms please contact us): <input type="checkbox"/> PST Form (Ontario only) <input type="checkbox"/> Credit Card Authorization Form

Please fax completed form to: (705) 727-0570
Mail to: 1533 Snow Valley Rd, Minesing, ON L0L 1Y3

We do not share your information with third parties.
This form shall remain the private property of Springwater Woodcraft.