



Business Partners Information Sheet

Please sign and fax back to: 866.737.1117

Attn : \_\_\_\_\_

1. Company Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Web Site: \_\_\_\_\_ Email: \_\_\_\_\_

5. Length of time in business: \_\_\_\_\_ Length of time at this address: \_\_\_\_\_

6. Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ May it be referred to? \_\_\_\_\_

7. Business References: \_\_\_\_\_

8. Professional Associations: \_\_\_\_\_

9. Are you C-TPAT certified? If not, have you applied? Yes No \_\_\_\_\_

Have you been validated? Yes No What is your SVI #? \_\_\_\_\_

10. Are you PIP certified? Yes No If not have you applied? Yes No

11. Are you a FAST participant for expedited clearance into both Canada and the U.S.?
Yes No

DECLARATION

I hereby declare that to the best of my knowledge, all of the information provided above is true and accurate. I understand that this document also represents an undertaking by our company to at all times comply with your company's PIP and C-TPAT commitments and to operate in strict compliance in all matters relative thereto.

Signed at \_\_\_\_\_ ON, this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Name & Title

Signature

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Initials \_\_\_\_\_