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| Please email the completed application to: Purchasing@delta-elevator.com |

Form Revision: 1.0

Date: Enter here

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| **Supplier Information** |
| Legal Name: Enter here | Former/Trade Name: Enter as applicable |
| Year Established: Enter here | Parent Company: Enter as applicable |
| Business Form:  | Ownership:  |
| Street Address: Enter here | Unit/Suite Number: Enter here |
| City/Town: Enter here | State/Province: Enter here |
| Country:  | Zip/Postal Code: Enter here |
| Telephone: Enter here | Fax: Enter here |
| Primary products: Enter as applicable  |
| Primary services: Enter as applicable**Mandatory for Suppliers providing services on Delta-controlled premises**[ ] Supplier must provide a proof of lability insurance that is valid for the duration their workers perform work on Delta-controlled premises |
| [ ] Supplier acknowledges maintaining a valid workers’ compensation insurance coverage (e.g., WSIB) for the duration their workers perform work on Delta-controlled premises.**Supplier Representative Information** |
| Full Name: Enter here | Title: Enter here |
| Street Number: If different from above | Unit: If different from above |
| City/Town: If different from above | State/Province: If different from above |
| Country:  | Zip/Postal Code: If different from above |
| Telephone: Enter here Ext. Enter here | Cell: Enter here |
| Primary Email: Enter here | Secondary Email: Enter here |
| **Preferred Arrangement** |
| Terms:  | Payment:  |
| Carrier:  | Delta Discount: Enter here % |
| **References (Optional)** |
| 1st Company Name: Enter here | City and State/Province: Enter here |
| Country:  | Telephone: Enter here |
| 2nd Company Name: Enter here | City and State/Province: Enter here |
| Country:  | Telephone: Enter here |
| 3rd Company Name: Enter here | City and State/Province: Enter here |
| Country:  | Telephone: Enter here |