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| Please email the completed application to: [Purchasing@delta-elevator.com](mailto: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 |