Please email completed form to: sbowers@delta-elevator.com

 If you have any questions, call: Sabrina Bowers at 519-745-5789

Use *Tab* key to move between fields. Do not unprotect the document. All fields marked (\*) are mandatory.

**Company Information** Date\*: Click here to enter text.

Legal Company Name\*: Click here to enter text.

Other Names Currently Used: Click here to enter text.

Street Address 1\*: Click here to enter text.

Street Address 2: Click here to enter text.

Street Address 3: Click here to enter text.

City / Town\*: Click here to enter text.

Country\*:

State / Province\*: Click here to enter text. Telephone\*: Click here to enter text.

Zip/Postal Code\*: Click here to enter text. Fax: Click here to enter text.

HST#: Click here to enter text. GST#: Click here to enter text.

Terms\*:  Discount: Click here to enter text.%

Ship Via\*:  Ship:

F.O.B. Point\*:

What types of products or services do you offer?\* Click here to enter text.

Identify your primary service area\* Click here to enter text.

Specific areas served (your strength)\* Click here to enter text.

Number of manufacturing locations\* Click here to enter text.

Number of Employees\* Click here to enter text.

**Company History**

Year Business Established\*: Click here to enter text.

Former Company Names: Click here to enter text.

Parent Company: Click here to enter text.

Ultimate Parent Company: Click here to enter text.

Primary Standard Industrial Classification (SIC) Code\*: Click here to enter text.

If joint venture, list partners Click here to enter text.

Business Form\*:

Type of Ownership\*:

**Quality Management System**

(Please also complete and submit Delta’s Quality System Survey)

Registered to ISO 9001? [ ]  Yes [ ]  No Comments: Click here to enter text.

**Supplier Representative Information**

Representative Name\*: Click here to enter text.

Representative Title\*: Click here to enter text.

Street Address 1: Click here to enter text.

Street Address 2: Click here to enter text.

Street Address 3: Click here to enter text.

City / Town: Click here to enter text. Province: Click here to enter text.

Zip / Postal Code: Click here to enter text.

Telephone: Click here to enter text. Fax: Click here to enter text.

Primary email address: Click here to enter text.

Secondary email address: Click here to enter text.

**References**

**1st Reference Company Name\*:** Click here to enter text.

City / Town: Click here to enter text.

State / Province: Click here to enter text.

Country:

Telephone\*: Click here to enter text.

**2nd Reference Company Name\*:** Click here to enter text.

City / Town: Click here to enter text.

State / Province: Click here to enter text.

Country:

Telephone\*: Click here to enter text.

**3rd Reference Company Name\*:** Click here to enter text.

City / Town: Click here to enter text.

State / Province: Click here to enter text.

Country:

Telephone\*: Click here to enter text.