

VENDOR REGISTRATION FORM

TYPE OF BUSINESS:			
BUSINESS NAME:			
BUSINESS OWNER:			
PHONE NUMBER:			
FAX NUMBER:			
EMAIL ADDRESS:			
ADDRESS:			
CITY:			
POSTAL CODE:			
PLEASE INDICATE BY CHECKING	G THE METHOD YOU WOULD LIKE TO RECEIVE THE SPECIAL SALES:	: MAIL	EMAIL
PLEASE PROVIDE ONE OF THE F			
VENDOR'S PERMIT:			
HST NUMBER:			
S&S Cash and Carry Wholesaler va	alues great customer service and work to provide the best products at afford	dable prices to vendors and other	er small businesses.
For the purpose of monitoring, tracking, and rebate program, S&S Cash and Carry requires all businesses to be registered on its procurement database.			
Registration is open to the following	¢		
Pizzeria Restaurants Bistro Bars and Nightclubs Coffee Shops Catering and Vending Community Centres Service Stations Banquet Halls Janitorial and Cleaning Dollar Stores Convenience Stores Other Vendor	Supplies		
By completing a Vendor Registration Form, the new customer will be added to the database once the application has been reviewed. The customer will receive S&S Weekly Sales, Monthly Sales and Special Event Sales by email or by mail!			
It is the responsibility of the vendor t	to advise S&S head office if there is any changes or addition to their account	ınt.	
I/We certify that the above information	on is correct.		
Name:	Title:		
Signature:	Date:		
S&S Head office use only			
Reviewed Completed by:			
Accepted: YES	If NO, explain:		
NO	<u></u>		

Please visit our website: www.snscashncarry.com