



Registration for Supplier Directory

**PLEASE COMPLETE THE FORM AND RETURN BY EMAIL TO
ACHATS@VILLE.KIRKLAND.QC.CA OR BY FAX TO 514-630-2724**

1 - Company Information

COMPANY NAME				
BUSINESS NAME (if applicable)				
ADDRESS				
CITY		POSTAL CODE		P.O. BOX
PHONE	()	FAX	()	
CONTACT NAME				
WEB SITE	www.			
EMAIL				

CORPORATE STATUS

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual |

2 - Areas of Activity

Check as many boxes as necessary:

- | | |
|--|---|
| <input type="checkbox"/> LIBRARY
<input type="checkbox"/> WATER & SEWER SYSTEMS
<input type="checkbox"/> ELECTRICITY
<input type="checkbox"/> WIRING
<input type="checkbox"/> HEATING
<input type="checkbox"/> LIGHTING
<input type="checkbox"/> ELECTRONICS
<input type="checkbox"/> TELEPHONE
<input type="checkbox"/> MAINTENANCE
<input type="checkbox"/> CLEANING PRODUCTS
<input type="checkbox"/> SANITARY PRODUCTS
<input type="checkbox"/> OFFICE SUPPLIES
<input type="checkbox"/> HORTICULTURE
<input type="checkbox"/> PARKS & GREEN SPACES | <input type="checkbox"/> TOOLING
<input type="checkbox"/> PLUMBING
<input type="checkbox"/> HARDWARE
<input type="checkbox"/> NUTS & BOLTS
<input type="checkbox"/> WOODWORK
<input type="checkbox"/> TOOLS
<input type="checkbox"/> PAINT
<input type="checkbox"/> LOCKS
<input type="checkbox"/> SECURITY
<input type="checkbox"/> ACCESSORIES
<input type="checkbox"/> CLOTHING
<input type="checkbox"/> PROFESSIONAL SERVICES
<input type="checkbox"/> OTHER SERVICES
<hr style="width: 100%;"/> |
|--|---|

- RECREATION**
- MECHANICAL**
 - ACCESSORIES
 - FUEL
 - ELECTRICAL
 - FILTERS
 - HYDRAULICS
 - LUBRICANTS
 - ENGINE
 - BODYWORK
 - TIRES
 - BRAKING SYSTEM

- URBAN PLANNING**
 - PERMITS & CERTIFICATES
- ROADS**
 - MAINTENANCE
 - REPAIR
 - SIGNAGE
- OTHER** _____

3 - Financial Information

Year the company was established			
Latest sales figures for the financial year		\$	
Number of permanent employees			
Payment terms			
Payment discounts			
NUMBERS TO BE PROVIDED			
NEQ		MRQ	
GST		QST	
S.I.N.	_ _ _ - _ _ - _ _ _		

4 – Declaration

I hereby declare that I am duly authorized to sign for and on behalf of the vendor/supplier. I confirm that I have read all the documentation that has been provided to me regarding this registration, and that the above information is true, knowing that any false statement may be sufficient cause for the cancellation of my registration in the Town of Kirkland Supplier Directory. I accept that the list of suppliers registered in the directory be given to any person that requests it. I also authorize representatives of the Town of Kirkland to verify the accuracy of the information provided.

Name _____

Signature _____ Date _____

Purchasing Division
 25 Claude Jodoin Street , Kirkland, Quebec H9H 5E6
 Telephone: 514-694-4100 ✧✧ Fax: 514-630-2724
 Email: achats@ville.kirkland.qc.ca