



**SUPPLIER REGISTRATION FORM**

FILL IN AND RETURN WITH REQUIRED DOCUMENTS TO THE ADDRESS AT BOTTOM OF PAGE OR BY EMAIL TO [marsenault@ddo.qc.ca](mailto:marsenault@ddo.qc.ca)

**IMPORTANT:**

- 1- Answer all questions, print and sign the form.
- 2- Attach a sample invoice with the form or supplier's registration will not be accepted.

**TYPE OF SUPPLIER**

FULL NAME:	
HEAD OFFICE ADDRESS:	
POSTAL CODE:	
TELEPHONE AND FAX:	
WEBSITE:	
NAME OF CONTACT PERSON:	
EMAIL OF CONTACT PERSON:	
CORPORATE STATUS:	
TYPE OF BUSINESS:	
TYPE OF CHARTER:	
NEQ #:	
GST NO.:	
QST NO.:	
NUMBER OF YEAR(S) IN BUSINESS:	
ANNUAL SALES FIGURE (\$):	
NUMBER OF PERMANENT EMPLOYEES:	
ACTIVITIES:	
OTHER (SPECIFY):	

**I certify that the information provided on this form is correct and true and describes our business well.**

Name and title	Signature	Date (DD/MM/YYYY)
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(reserved for use by the City of Dollard-des-Ormeaux)	
Supplier's number : _____	Date : _____