



MEMBERSHIP APPLICATION FORM

Thank you for your interest in **Octo Purchasing Group**. Please complete the form below and send it to us either by email at **octo@octo.ca** or by fax at 514-525.4409. Someone from **Octo** will communicate with you shortly.

All information submitted will be kept confidential.

First Name:	<input type="text"/>	Email:	<input type="text"/>
Last Name:	<input type="text"/>	Tel.:	<input type="text"/>
Company Name:	<input type="text"/>	Cell.:	<input type="text"/>
Address:	<input type="text"/>	Fax:	<input type="text"/>
		Toll Free:	<input type="text"/>
		Web Site:	<input type="text"/>

Years in Business:

Number of Employees:

Sector of Activities:

Plumbing	<input type="checkbox"/>	HVACR	<input type="checkbox"/>	Waterworks	<input type="checkbox"/>	Hydronic	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	Pumps	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Fire Protection	<input type="checkbox"/>

DC & Branch locations		BC	AB	SK	MB	ON	QC	NS	PEI	NF	NT
Number of Distribution Centers:	<input type="text"/>										
Number of Branches:	<input type="text"/>										

Approximate Sales Volume? \$