

BAZAAR MARKETING

3300 MERRITTVILLE HWY, UNIT 2, THOROLD, ON L2V 4Y6

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CHARITY/RETAILER INFORMATION SHEET

CHARITY

AGENT:	_____	DATE:	_____	MUNICIPAL/PROV:	_____
CHARITY NAME:	_____				
CONTACT NAME:	_____	PRESIDENT	PHONE:	_____	
CONTACT NAME:	_____	TREASURER	PHONE:	_____	
INV ADDRESS:	_____ _____				

	POSTAL CODE:		FAX:		
COMMENTS:					

RETAILER

NAME OF SITE:		_____	
SITE ADDRESS:		_____ _____	
MUNICIPALITY:	_____	POSTAL CODE:	_____
CONTACT NAME:	_____	PHONE:	_____
		FAX:	_____
RETAILER PERSONAL INFORMATION:		(MUST BE COMPLETED)	
HOME ADDRESS:		_____ _____	
HOME PHONE NO:		_____	
SOCIAL INSURANCE NO:		_____	
DRIVER'S LICENCE NO:		_____	

PACKAGE CHECKLIST

please include the following documents

VALID GCA:	_____	VALID LICENCE:	_____
SIGNED CHARITY RETAILER AGREEMENT:		_____	
COMMENTS:			