



DISTRIBUTOR & FRANCHISE DISTRIBUTOR APPLICATION FORM

"We hereby make application to the PROMOTIONAL PRODUCT PROFESSIONALS OF CANADA, the national trade association of PROMOTIONAL PRODUCTS DISTRIBUTORS AND SUPPLIERS. If this application is accepted, we will abide by the Code of Ethics, the Letters Patent and By-Laws, and work to further the objectives of the association."

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone Number _____ Fax Number _____

E-Mail: _____ Web Site _____

Voting Representative and Title (Name in full) _____

Owner's Name (If different from above) _____

Alternate Voting Representative and Title _____

Is your company a registered business enterprise in promotional products? YES NO

A COPY OF THE REGISTRATION OR INCORPORATION DOCUMENT MUST BE INCLUDED WITH THIS APPLICATION

Is the majority of your revenue derived from the buying of promotional products from suppliers and the selling of these products to your clients? YES NO

Please indicate name(s) of at least one company principal or employee devoting his/her time exclusively to the selling of promotional products?

1. Employee Name _____ Title _____

2. Employee Name _____ Title _____

How long has your firm been in the Promotional Products industry? _____

Please indicate your firm's type of business:

A) Offshore Importer/Decorator B) Offshore Importer C) Decorator D) Neither

Does your firm have a financial affiliation with a supplier of Promotional Products? YES NO

Please list the names and telephone number of your previous employers in the past three (3) years. **Previous employers may be contacted as a reference.**

Page 2.

Please list the following information concerning your company's bank:

Name & Address _____

Account # _____ Fax # _____

Account Manager _____

What is your firm's annual sales volume and what percentage of this sales volume is in promotional products?

Sales Volume \$ _____ Promotional Product Percentage _____ %

Please list PPPC member Sponsors submitted with this application.

CONTACT	COMPANY NAME	FAX#
---------	--------------	------

1. _____
2. _____
3. _____
4. _____
5. _____

Provide five (5) names and fax numbers of your clients with whom you are currently conducting business.

CONTACT	CLIENT COMPANY	FAX#
---------	----------------	------

1. _____
2. _____
3. _____
4. _____
5. _____

Who referred you to PPPC?

Name: _____ Company Name: _____

I agree to complete the "**Every Member Needs to Know**" CD within the ten (10) day processing period of this application.

Signature: _____ Date: _____

- If accepted as a DISTRIBUTOR member, you will be subject to a one (1) year probationary period.
- Your membership fee and registration fee and all required documents must accompany this application.
- A PPPC member in good standing may qualify and apply to become an International Affiliate member of The Promotional Products Association International (PPAI).
- Any misrepresentation by an applicant in supplying information on a membership application will be grounds for rejecting the application or for terminating the membership if the application has been accepted. ALL APPLICATIONS ARE CONFIDENTIAL.