



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."

Fee Category:

- D-1 (1-5 Employees) D-2 (6-10 Employees) D-3 (11-25 Employees)
 D-4 (26-49 Employees) D-5 (50+ Employees)

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone Number _____ Fax Number _____

E-Mail: _____ Web Site _____

Company Facebook Page: _____

Company Twitter Account: _____

Voting Representative and Title (Name in full) _____

Voting Representative E-Mail Address _____

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 any additional employees involved in the sale of promotional products?

1. Employee Name _____

Title _____ E-mail _____

2. Employee Name _____

Title _____ E-mail _____

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

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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 references submitted with this application as sponsors or invoice copies.

CONTACT	COMPANY NAME
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1. _____

2. _____

3. _____

Please list client invoice copies submitted with this application

CLIENT COMPANY

1. _____

2. _____

3. _____

4. _____

5. _____

Who referred you to PPPC?

Name: _____ Company Name: _____

I AGREE TO RECEIVE PPPC EMAIL COMMUNICATIONS

YES

NO

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.