



Business Partners Information Sheet

Please sign and fax back to: 866.737.1117

Attn : _____

1. Company Name: _____

2. Address: _____

3. Contact: _____ Tel: _____ Fax: _____

4. Web Site: _____ Email: _____

5. Length of time in business: _____ Length of time at this address: _____

6. Name of Bank: _____ Branch: _____

Contact: _____ Tel: _____ May it be referred to? _____

7. Business References: _____

8. Professional Associations: _____

9. Are you C-TPAT certified? If not, have you applied? Yes No _____

Have you been validated? Yes No What is your SVI #? _____

10. Are you PIP certified? Yes No If not have you applied? Yes No

11. Are you a FAST participant for expedited clearance into both Canada and the U.S.?
Yes No

DECLARATION

I hereby declare that to the best of my knowledge, all of the information provided above is true and accurate. I understand that this document also represents an undertaking by our company to at all times comply with your company's PIP and C-TPAT commitments and to operate in strict compliance in all matters relative thereto.

Signed at _____ ON, this _____ day of _____, 2009.

Name & Title

Signature

Initials _____