

CAWS

Canadian Association of Wholesale Sales Representatives
 Association canadienne des représentants de ventes en gros

SALES REPRESENTATIVES WANTED AD APPLICATION FORM

| | | | | | |
|--|----------------------|-----------------------------|--------------------------|-----------------------------------|-----------------------|
| COMPANY: | | | | | |
| ADDRESS: | | | | | |
| CITY: | | STATE/ PROVINCE: | | ZIP CODE/ POSTAL CODE: | |
| CONTACT: | | | | TITLE: | |
| TEL: | () | | FAX: | () | |
| Email | | | | Website | |
| PLEASE CHECK ALL TERRITORIES REQUIRED. | | | | | |
| <input type="checkbox"/> | All Cdn. Territories | <input type="checkbox"/> | Ontario | <input type="checkbox"/> | Western Canada |
| <input type="checkbox"/> | Maritimes | <input type="checkbox"/> | Northern/Eastern Ontario | <input type="checkbox"/> | Manitoba/Saskatchewan |
| <input type="checkbox"/> | Quebec | <input type="checkbox"/> | Western Ontario | <input type="checkbox"/> | Alberta |
| <input type="checkbox"/> | Metro Montreal | <input type="checkbox"/> | Metro Toronto | <input type="checkbox"/> | British Columbia |
| <p>ALL SALES AD APPLICATIONS <u>MUST</u> INCLUDE THE NAME OF A PREVIOUS SALESPERSON FOR THE TERRITORY SPECIFIED, OR CONFIRMATION OF A NEW LINE AND/OR A NEW TERRITORY.</p> <p><u>New Line?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO: Previous Salesperson/ Agency: _____</p> <p>Territory Covered: _____</p> <p>The above information is correct and I/we are prepared to enter into a national CAWS contract:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE</p> | | | | | |
| <p>Brief description of line: <i>(please print clearly)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | | | |

caws.wanted.appfom-info