|  |  |
| --- | --- |
| Company Name |  |
| Contact Name |  |
| Contact Position |  |
| Business Type | Non-profit Adult Learning Society |
| Number of Employees |  |
| email |  |
| Billing Address | Street:  Suite:  City:  Province:  Postal Code: |
| Billing Telephone Number (and extension) |  |
| Billing Fax Number |  |
| Billing Country |  |
| Accounting Department Contact |  |
| GST Exemption Number |  |
| PST Exemption Number | N/A |
| Shipping Address | Street:  Suite:  City:  Province:  Postal Code: |
| Shipping Telephone Number (and extension) |  |
| Shipping Fax Number |  |
| Shipping Country |  |
| 1.  What is your forecasted annual spend with Indigo? |  |
| 2.  How do you intend to pay for your purchases? | Credit Card |
| 3.  How is your organization funded? Publicly or Government? |  |
| **4. Please provide a copy of your last financial statement** |  |