



Business Partners Information Sheet

Please sign and email back at admin@electroloadsgroup.com

. Company Name: _____

. Address: _____

. Contact: _____ Tel: _____ Fax: _____

. Web Site: _____ Email: _____

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

. Name of Bank: _____ Branch: _____

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

Business References: _____

. Professional Associations: _____

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

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

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

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 _____, _____.

Name & Title

Signature