SUNCOR STAINLESS Fax: 508-732-9798



Application for Wholesale Pricing - Customer Profile

Date		
Company Name:		
City:	State:	Zip:
Your Name:	Title	:
Phone:	Fax:	
E Mail Address:		
Business Website:		Do you publish a Catalog?
Owner/Principal/Parent Co	mpany:	
Number of Employees?	A	Annual Revenue?
Years in Business?		
Are you a Manufacturer?	Are you a Distributor?	
How did you hear about Su	incor?	
What is your primary busin	ness (brief description):	
If you are a manufacturer p) that will include the purchased hardware and at hatches, trailers)
What are your primary man	kets for these products? (exa	mple, Government, Construction)
What is your estimated ann	volume in these products? nual purchase from Suncor? _ e of supply?	
Reviewing Manager:	Suncor / Atlantis Rai	Date Customer Type :