

**Memorium
Retailers Registration Form**

General Info			
Company Name		Contact Name (Person to contact)	
Address		Email	
Address		Type of Business	
City		Owner's Name	
State/Country		In Business since	
Zip		Cie Registration #	
Phone		Taxes Registration #	
Fax		Web Site	

Filled in by:	Date:
Phone:	Fax:

Notes /Details/Comments:

This form will only be used to open a file as a new customer, and not a credit account with MemoriumM. One of our representative will contact you shortly, with your retailers identification number, which will enable you to purchase at wholesale prices directly from our website www.dms-memorium.ca, 24/7

Please send your request by fax to (819) 340-0030 or by e-mail at info@dms-memorium.ca

Customer Service Dept

THANK YOU
Fax: (819) 340-0030 / Tel: (819) 340-0156/ www.dms-memorium.ca
MemoriumM, Head Office,125-81, Blvd Poirier, Omerville, Quebec, Canada, J1X 5S8