



INDIVIDUAL NAME or ORGANIZATION: _____ **DATE** _____

MAILING ADDRESS: _____

SHIP TO ADDRESS: _____

TELEPHONE # _____

ATTN: _____

FAX# _____

TEL# _____

WEBSITE _____

PREFERRED CARRIER: _____

PST EXEMPTION # _____

<u>KEY CONTACTS:</u>	TITLE	CELL#	E-MAIL

PESTICIDE LICENSING INFORMATION:

(A) APPLICATOR

<u>NAME</u>	<u>LICENSE#</u>	<u>CATEGOR(IES)</u>	<u>EXPIRY</u>
_____	A _____	_____	_____
_____	A _____	_____	_____
_____	A _____	_____	_____

(B) DEALER /RETAILER

LICENSE# _____

ASWA# _____

Please forward form, as well as copies of all certificates to:

TrueNorth Specialty Products
99 Lowson Cres.
Winnipeg MB R3P 0T3

or Fax Toll Free 1-866-840-3380