

CAWS

Canadian Association of Wholesale Sales Representatives
 Association canadienne des représentants de ventes en gros

SALES REPRESENTATIVES WANTED AD APPLICATION FORM

COMPANY:					
ADDRESS:					
CITY:		STATE/ PROVINCE:		ZIP CODE/ POSTAL CODE:	
CONTACT:				TITLE:	
TEL:	()	FAX:	()		
Email				Website	
PLEASE CHECK ALL TERRITORIES REQUIRED.					
<input type="checkbox"/>	All Cdn. Territories	<input type="checkbox"/>	Ontario	<input type="checkbox"/>	Western Canada
<input type="checkbox"/>	Maritimes	<input type="checkbox"/>	Northern/Eastern Ontario	<input type="checkbox"/>	Manitoba/Saskatchewan
<input type="checkbox"/>	Quebec	<input type="checkbox"/>	Western Ontario	<input type="checkbox"/>	Alberta
<input type="checkbox"/>	Metro Montreal	<input type="checkbox"/>	Metro Toronto	<input type="checkbox"/>	British Columbia
<p>ALL SALES AD APPLICATIONS <u>MUST</u> INCLUDE THE NAME OF A PREVIOUS SALESPERSON FOR THE TERRITORY SPECIFIED, OR CONFIRMATION OF A NEW LINE AND/OR A NEW TERRITORY.</p> <p><u>New Line?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO: Previous Salesperson/ Agency: _____</p> <p>Territory Covered: _____</p> <p>The above information is correct and I/we are prepared to enter into a national CAWS contract:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE</p>					
<p>Brief description of line: <i>(please print clearly)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					

caws.wanted.appform-info



**Canadian Association of Wholesale Sales Representatives
Association canadienne des représentants de ventes en gros**

To: Manufacturer/Importer
From: CAWS Support Staff
RE: SALES REPRESENTATIVE WANTED ADVERTISEMENT

Thank you for your interest in obtaining a sales representative who is a member of our organization.

Following is an application form for placing an advertisement to help you market your product in our industry. Our advertisements are publications produced and distributed to our entire membership across Canada.

The regular cost is \$250 plus 13% HST per ad which is payable in advance.

Please forward a cheque payable to C.A.W.S. (in Canadian funds) along with the completed application form.

Thank you for your interest/support of the Association. Please call me if you have any questions or require additional information.

Sincerely,

Kristine Pettersen
CAWS Support Staff

Attachments [caws.Membership\wantad.appform-info](#)