

## **BUYER INFORMATION &** COMPANY DETAILS

Please enter your information into the following fields to help STEP connect your company with the appropriate suppliers from Saskatchewan.

CONTACT NAME AND TITLE:		COMPAN	IY NAME:	
ADDRESS LINE 1:				
ADDRESS LINE 2:			CITY:	
STATE/PROVINCE/TERRITORY/REGION:	COUNTRY:			POSTAL/ZIP CODE:
TEL:		FAX:		
EMAIL:		WEBSITE	(S):	
TYPE OF BUSINESS (for example, distributor, importer, wholesaler, dealer, buyer, agent, manufacturer, etc.):				
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR COMPANY:				
PARENT AND/OR AFFILIATED COMPANY:		YEAR EST	ABLISHED:	

ANNUAL SALES (specify currency):

NUMBER OF EMPLOYEES:



CURRENT MARKETS/TERRITORIES SERVED:

PRODUCTS/SERVICES CURRENTLY REPRESENTED OR IMPORTED:

HAS YOUR COMPANY EVER DIRECTLY IMPORTED PRODUCTS/SERVICES FROM SASKATCHEWAN OR CANADA?

Yes

No

If you answered "Yes" to the above question, please identify companies & products/services:

SOURCING REQUEST DETAILS

SPECIFIC REQUEST INFORMATION (please state & describe any specific products/service details, specifications, anticipated volumes, supplier certifications/qualifications etc. that are material to the nature of the request):

PLEASE LIST ANY SASKATCHEWAN SUPPLIERS YOU WOULD LIKE TO EXCLUDE FROM BEING REFERRED TO:

ADDITIONAL NOTES:

PREFERRED METHOD OF CONTACT (select all that apply)

Tel

Fax

Email