



APPLICATION FOR STORE MEMBERSHIP

COMPANY INFORMATION

Business Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Fax: _____

KEY CONTACTS

Name: _____

Name: _____

Title: _____

Title: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

FEE STRUCTURE

GST #84817 6954 RT0001

\$75.00 + Tax per store _____
\$15,000.00 (Max per region) _____
HST (NS- 15%, NB, NL & PEI-13%) _____
Total Amount Due: _____

We except Visa/Mastercard/Cheques payable to ACSA

Mail to: 220 Wycroft Road, Oakville, Ontario L6K 3V1

Fax number: (905) 845-9340

Included is a cheque (payable to "ACSA") in the amount of \$ _____

I'm making a credit card payment in the amount of \$ _____

Visa

Mastercard

Name of card holder: _____

Telephone: _____

Card number: _____

Expiry Date: _____

Signature: _____

For more information contact: hammoud@conveniencestores.ca

610 Wright Avenue, Suite 310, Dartmouth, NS B3B 0H8 (902) 880-9733

Responsible Community Retailing

