

# VENDOR PARTNER APPLICATION

## Vendor Partner Information

Business Name

Business Number

Address

City

Province

Postal Code

Main Tel Number

Main Email Address

Website

Contact Name

Title

Email Address

Office Tel Number

Cell Number

## Service Offerings

Signature

Signed By (Full Name)

Date

## Enterprise Solutions Manager Information

Signature

Signed By (Full Name)

Date

Please email all submissions to [EnterpriseSales@corp.xplornet.com](mailto:EnterpriseSales@corp.xplornet.com)