

In order to ensure that our continued association with you will run as smooth as possible, please complete and return this form to us as soon as possible. **WE NEED THIS INFORMATION.** Thank you for your cooperation. You may also fax the completed form to us at (403) 245-2723.

STORE NAME _____ STORE PHONE# _____

STORE ADDRESS _____ STORE FAX# _____

EMERGENCY CONTACTS

***** Please note that these numbers are for emergency only and will not be given out to anyone unless absolutely necessary**

1. Name: _____
Title: _____
Home #: _____

If we are unable to contact anyone at the above number, we may contact:

2. Name: _____
Title: _____
Home #: _____

Please supply name, address, and phone and fax numbers of the person who should receive all MARKETING INFORMATION AND BILLING.

Name: _____
Address: _____
Postal Code: _____
Phone #: _____ Fax #: _____

*******Please include a copy of your renewal certificate of insurance, naming Certus Developments Ltd. as "Additional Insured".*******

Should you have any questions or concerns, please contact Rita Astorino direct at (403) 209-4290. Thank you again for your cooperation.