

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 Edron Holdings 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.