



RESELLER ACCOUNT APPLICATION

Legal Company Name: _____

Company Website (optional): _____

Store Type:

- Computer store
 IT Service store
 Printer, printer supply
 Office supplies/book store
 Online store
 Others, please indicate _____

Date Established: _____

Tax No: _____

Brief Description: _____

How were you referred to us? _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Company Address: _____

Email: _____

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Montreal Office:
 2210 52nd Ave Lachine, Quebec, H8T 2Y3
 Phone Number: +1(514)-631-5216 ext. 109
 Fax Number: 514-631-0429
 Hours of Operation:
 Monday – Friday: 9am - 5pm (EST)
 Toll Free Number: 1-866-979-7463

Vancouver Office:
 106-3830 Jacombs Road, Richmond, BC, V6V 1Y6
 Phone Number: +1(604)-278-7790
 Fax Number: 604-278-7795
 Hours of Operation:
 Monday – Friday: 9am - 5pm (PST)
 Toll Free Number: 1-866-979-7463

E-Mail: vipandresellers@shopperplus.com

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