

Staff use only: Dealer No. _____
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Grape Growers of Ontario
Dealer License
Application Form

Company Information:

Company Name:		
Mailing Address:		
City:	Postal Code:	Phone Number:
Fax:	Website:	Company Email:

Primary Contact:

Name:	Title: (ex. Owner, manager etc)
Phone/Cell:	Email:

Secondary Contacts:

Name	Title	Phone	Email

Please complete the entire form and return by mail, fax or email. When this information is received, we will contact you with your processor number.

GRAPE GROWERS OF ONTARIO

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 Fax: (905) 688-3211
 Email: nlemieux@grapegrowersofontario.com