

## MEMBERSHIP APPLICATION

### SHOP INFO

Shop name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Toll free: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

### HOURS OF OPERATION

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

### OWNERSHIP

Sole Proprietorship

Partnership

Incorporated

Other \_\_\_\_\_

If Incorporated, please provide

Legal name \_\_\_\_\_

Province of Incorporation \_\_\_\_\_

**CONTACT INFO**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**ABOUT US**

**STAFF**

Full-time staff: \_\_\_\_\_ Part-time staff: \_\_\_\_\_

**DELIVERIES**

Average weekly deliveries:  1-9  10-19  20-29  30-39  40 or more

Average number of monthly outgoing orders: \_\_\_\_\_

Delivery Personal:  Contracted  Owned

**COMPANY**

Number of years in business under present ownership: \_\_\_\_\_

Number of stores: \_\_\_\_\_

Sales volume:  \$100,000 - \$224,000  \$224,000 - \$349,000  
 \$350,000 - \$499,000  \$500,000 - \$749,000  
 \$700,000 or more

**OTHER**

Satisfaction policy:  Unconditional  Conditional  Other \_\_\_\_\_

Wire services:  Teleflora  FTD  Other \_\_\_\_\_

**ALSO SERVING - City / Town**

1 \_\_\_\_\_ 4 \_\_\_\_\_ 7 \_\_\_\_\_  
2 \_\_\_\_\_ 5 \_\_\_\_\_ 8 \_\_\_\_\_  
3 \_\_\_\_\_ 6 \_\_\_\_\_ 9 \_\_\_\_\_

## BILLING/BANK INFO

### CREDIT CARD

Visa       Mastercard      Name on Card: \_\_\_\_\_

Card number: \_\_\_\_\_ Card expiry: \_\_\_\_\_

### BANKING INSTITUTION

Bank name: \_\_\_\_\_

Branch name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Bank phone number: \_\_\_\_\_

Bank account name: \_\_\_\_\_

Transit number: \_\_\_\_\_

Account number: \_\_\_\_\_

*As part of the application process, your credit card will be charged \$199 annual subscription\*  
\*Subject to approval. No charge will occur if application is rejected.*

## TRADE REFERENCES

1 Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

2 Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I, \_\_\_\_\_ (Name), acknowledge that all the above information is true to the best of my knowledge this \_\_\_\_\_ (Date). I agree that all documents provided by I.R.I.S. are confidential and will not be disclosed to any others persons other than those participating in the application process. By login in and using Iris Advantage platform, I certify that I have read and agree with the Terms and Conditions that may be changed from time to time at IRIS discretion.

I.R.I.S. acknowledges that all the above information is privileged and confidential and will under no circumstance be shared with any third party without written consent.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_