Royal Columbian Hospital FOUNDATION
Your care is critical.

Marketplace Vendor Application

All information is confidential and is used for consideration in our Marketplace temporary leasing program. As applications are subject to approval, please give as much detail as possible and enclose photos/brochures. Return this completed form by fax, e-mail or mail to the address below.

PLEASE PRINT

Application Date: _____

Contact Person: _____

Company Name: _____

Address: _____

_____ Postal Code: _____

Phone: Business: _____ Cellular: _____

Fax: _____ E-mail Address: _____

Website: _____

Please circle the category which best describes your organization:

Retail Wholesale Service Non-profit/Charity Other_____

Describe the product(s) that you sell: _____

_____

What is the price range of your products: _____

Have or do you sell at other vendor programs? Yes No

If yes, where and for how long? _____

What are your average daily sales? _____

How many years have you been in business? _____

Please provide two references of other places you have sold at:

Name: _____ phone: _____

Name: _____ phone: _____

Please forward your completed application to Feroza Jamal

- via fax: (604) 520-4439 or
- by e-mail: feroza.gova@fraserhealth.ca
- by mail: Royal Columbian Hospital Foundation
  330 East Columbia St., Health Care Center Lobby, New Westminster, BC V3L 3W7