



Supplier/Vendor Registration Form

Please return this form by mail, email or fax to:
 District of Hope Phone: 604-869-5671 Email: info@hope.ca
 PO Box 609, Hope, BC V0X 1L0 Fax: 604-869-2275

Request New Supplier Request Supplier Change Request
 Local Supplier Canadian Supplier

Supplier Information

Legal Name: _____
 Doing Business As: _____
 Remittance Address: _____
 City: _____ Province/State: _____ Postal Code/Zip: _____
 Telephone: _____ Fax: _____
 Email: _____ Contact: _____
 Company Website: _____
 GST/HST Registration # _____ Worksafe BC Account # _____
 District of Hope Business License # _____
 Commercial General Liability Insurance _____
 Coverage (minimum \$5,000,000.00)

Service Information

Type of services available:

Equipment Information

Equipment Type: _____ Capacity: _____ m3
 Year: _____ Make: _____ GVW: _____
 Tare Weight: _____ Type of Controls: _____ License Plate # _____
 Additional Information:

 Mobilization Costs: _____ Bare Rate: _____
 Rate with Operator: _____



Equipment Information

Equipment Type: _____ Capacity: _____ m3
Year: _____ Make: _____ GVW: _____
Tare Weight: _____ Type of Controls: _____ License Plate # _____
Additional Information:

Mobilization Costs: _____ Bare Rate: _____
Rate with Operator: _____

Equipment Information

Equipment Type: _____ Capacity: _____ m3
Year: _____ Make: _____ GVW: _____
Tare Weight: _____ Type of Controls: _____ License Plate # _____
Additional Information:

Mobilization Costs: _____ Bare Rate: _____
Rate with Operator: _____

Equipment Information

Equipment Type: _____ Capacity: _____ m3
Year: _____ Make: _____ GVW: _____
Tare Weight: _____ Type of Controls: _____ License Plate # _____
Additional Information:

Mobilization Costs: _____ Bare Rate: _____
Rate with Operator: _____