



Sales@bulkmart.ca
WWW.BULKMART.CA

REQUEST A QUOTE

CUSTOMER INFORMATION:

FIRST NAME:

LAST NAME:

EMAIL:

CELL PHONE:

BILLING ADDRESS :

COMPANY / ORGANIZATION NAME:

TYPE OF BUSINESS / ORGANIZATION:

ADDRESS:

PHONE:

CITY:

PROVINCE:

POSTAL CODE:

SHIPPING ADDRESS :

COMPANY / ORGANIZATION NAME:

ADDRESS:

PHONE:

CITY:

PROVINCE:

POSTAL CODE:

MODE OF PAYMENT:

BANK TRANSFER

INTERAC E-TRANSFER

CREDIT CARD

(Subject to 3% processing fee)

SELECT ONE:

OFFLOADING FACILITY: Select which is applicable

DOCK

NEED LIFTGATE

DRIVE-IN-DOOR

WALK-IN-DOOR

ESTIMATED ORDER VALUE:

\$ 1,500

\$ 3,000

\$ 5,000

\$ 10,000

LIST OF PRODUCTS (Available on website):

REQUESTED PRODUCT LIST(Not available on website):

I am a municipal or a government entity

This quote request is for a store opening

This quote request is for Franchise (multi units)

I need a formal quote

I am looking for further discounts

I am attaching a list of products I need quoted

I am tax exempt