

CHUANG'S COMPANY LTD.

110 Denison St. Unit 8, Markham, ON. L3R 1B6
Tel: 905-415-2812. Website: www.chuangscompany.ca

Dealer Application Form

□Business			□Personal			
Company Name	:	中文	ζ			
Contact Person:						
Business Nature:		□ □ Bake □ Resta	•	□ Distril □ Super		
H.S.T. No. (Mand	datory)					
Business Address						
City:	Province: Postal Code:					
Store Phone No.:	()	Cell: ()			
Email:		-				
Interested Produ	ıcts:					
☐ Bubble Tea	☐ Bakery	□Grocery	□Froze	n Food		
Would you like to r □ Yes	eceive our comp	any's product and ☐ No	promotional	information	via email?	
Please advise which ☐ Phone	n of the following □ Email	· •	•			
Return & Exchange	Policy:					
1.) Return/Exchang 2.) No return/exch	•	• . •	30% handlin	g fee.		
Signature of Applicant:		Dat	Date: Y M D			