

2018 MDH Toys Reseller Questionnaire:

Information: Applicant

Name (owner): _____

Company Name: _____

Contact Person: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Email: _____

Phone: _____

Cell Phone: _____

GST Number _____

Shop Information:

Physical Retail Store: ___ yes ___ no

Hours of operation: _____

Online Shop: ___ yes ___ no

If yes, name of web-store: www. _____

Amazon shop: ___ yes ___ no

If yes, name of Amazon shop _____

Please email completed questionnaire to: www.mdhdesigns@shaw.ca