



Private Label Request Form

2507 Guénette, Montréal, Québec, H4R 2E9
Tel: 514-227-1120 / Fax: 514-227-1193

Company/Compagnie : _____

Date: _____

Address/Adresse : _____

Phone Number: _____

Fax Number: _____

E-mail: _____

Products of interest in private label: _____

Annual volumes required per product: _____

Notes: _____

Please fax this form to 514-227-1120, someone will get back to you ASAP.

Signature

Name in print/Nom en lettres moulées