

TO PRE-REGISTER PLEASE COMPLETE

Legal Surname

Given Names

Company Name (if applicable)

Address

City/Town

Province

Postal Code

OFA # OR EQUIVALENT

PST VENDOR PERMIT #

Home Phone

Work Phone

If you need assistance with your pre-approved financing, please call our office and we can assist you.

Please fax to 519-271-1828 or mail to: R.R. 4, Stratford, ON N5A 6S5