

## Incoming Buyer Program – BUSINESS PROFILE

YES, I WOULD LIKE TO BE CONSIDERED AS A PARTICIPANT FOR THE INCOMING BUYERS PROGRAM.

(Please Print) BUSINESS NAME:	
ADDRESS:	
STATE/PROV	POSTAL/ZIP
CONTACT PERSON:	
POSITION:	
PHONE NO:	FAX:
EMAIL:	WEBSITE:
YEARS IN BUSINESS:	NO. OF STORES:
NO. EMPLOYEES FULL-TIN	ME: PART-TIME:
OPEN YEAR ROUND:	SEASONAL (WHEN):
(Please indicate any Canadian hand	ANDCRAFTED LINES THAT YOU CURRENTLY CARRY: Iderafted products)
What types of NEW product	s, categories or lines are you currently looking to source:
	provide two wholesale craft or giftware trade references:
Please return form to:	ATLANTIC CRAFT TRADE SHOW Attn: BERNARD BURTON, Director 1574 Argyle St., Suite 15, Box 3 Halifax, NS Canada B3J 2B3

Phone: 902-492-2773 Fax: 902-429-9059 Email: bernard@craftalliance.ca updated August 1, 2012