



## WORKPLACE MANAGEMENT QUOTE SHEET

Name of Company: \_\_\_\_\_

Are there any other related Companies? If so, please supply the names.

\_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please Check which Manuals pertain to your company:

Employee \_\_\_\_\_ Health & Safety \_\_\_\_\_ Privacy \_\_\_\_\_  
Truck Driver's \_\_\_\_\_ Bus Driver's \_\_\_\_\_ Limo Driver \_\_\_\_\_

What is the nature of your organization?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many employees do you have? \_\_\_\_\_

If a Transportation company, # of Drivers? \_\_\_\_\_ # of vehicles? \_\_\_\_\_

Please Check which best describes your company:

Operates in 1 Province only \_\_\_\_\_ Operates Inter-provincially \_\_\_\_\_  
Operates in 1 Province & U.S. \_\_\_\_\_ Operates Inter-Provincially & U.S. \_\_\_\_\_

Please Check the facilities that your company may Own & Operate.

Office \_\_\_\_\_ Warehouse \_\_\_\_\_ Manufacturing (Factory) \_\_\_\_\_  
Maintenance/Repair Shop \_\_\_\_\_ Distribution Depot \_\_\_\_\_ Retail Outlet \_\_\_\_\_  
Other \_\_\_\_\_ (Please specify) \_\_\_\_\_

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**Please note: based on the responses you have given above, we may contact you for further information. Should you have any questions, please feel free to contact us at: 416 785 0976**

**Please Fax the completed Request for Quote page to: 416 785 7060**