



## User Application

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Name of Company or Organization

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Address

City

Postal Code

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Email

Business Phone

Website address

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Name of person to contact

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Address

City

Postal Code

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Email

Business Phone

Business Fax

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Type of business or activity

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Number of employees/members

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How long have you been in business or operation ?

Do you sell to / operate (check all that apply)

- Locally       Regionally  
 Provincially     Nationally  
 Internationally

Who looks after Communications/ Advertising/PR for your company or organization ?

- I do it myself  
 A volunteer or volunteer committee  
 In-house graphics/marketing/PR staff  
 External Contractor/Ad Agency/PR Consultant

I agree to adhere to the Niagara Original Brand Guidelines as described in the  
Niagara Original Brandbook

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Signature

Please return this form to [info@niagaraoriginal.com](mailto:info@niagaraoriginal.com), or fax it to 905-688-5907  
or write an email with responses to the above questions to [info@niagaraoriginal.com](mailto:info@niagaraoriginal.com)