



# Information Request Form

	COMPREHENSIVE BUSINESS INSURANCE	<input checked="" type="checkbox"/>		EMPLOYEE BENEFITS	<input checked="" type="checkbox"/>
	FOOD SERVICE SAVINGS	<input type="checkbox"/>		PAYROLL & HR	<input type="checkbox"/>
	PAYMENT PROCESSING	<input type="checkbox"/>		CHEMICAL SUPPLY	<input type="checkbox"/>
	TELEVISIONS & ELECTRONICS	<input type="checkbox"/>		TEXTILES	<input type="checkbox"/>
	PAINT/COATINGS	<input type="checkbox"/>		FOOD SERVICE	<input type="checkbox"/>
	GUESTROOM SUPPLIES	<input type="checkbox"/>		CASEGOODS, FURNISHINGS, VANITIES	<input type="checkbox"/>
	POOL & SPA CHEMICALS	<input type="checkbox"/>		PRINTING, PROMOTIONAL PRODUCTS, DESIGN	<input type="checkbox"/>
	COFFEE & EQUIPMENT	<input type="checkbox"/>		LIGHTING	<input type="checkbox"/>
	ECO RATING	<input type="checkbox"/>		MATTRESSES, BOXSPRINGS, BASES	<input type="checkbox"/>
	BOOKING PLATFORM	<input type="checkbox"/>		ATM	<input type="checkbox"/>
	KEY CARDS, DOOR LOCKS AND SAFES	<input type="checkbox"/>		NATURAL GAS	<input type="checkbox"/>
	PHONES & PHONE SYSTEMS	<input type="checkbox"/>		PEST CONTROL	<input type="checkbox"/>
	OFFICE SUPPLIES & FURNITURE	<input type="checkbox"/>			<input type="checkbox"/>

**Please provide me with more information about the programs checked above.**

Property name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact role: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

For full program details save and submit form to Louise Thompson, Membership Services Coordinator 604-443-4756 at [louise@bchotelassociation.com](mailto:louise@bchotelassociation.com)