

Buyer Profile and Product Interest Form – Online Business to Business (B2B) Meeting Program

PLEASE TYPE OR WRITE IN BLOCK LETTERS

Company Contact Information

Company name :

Buyer Name :

Title:

Address :

City :

Postal / Zip Code:

Telephone:

Cell:

Fax :

Email Address :

Website:

Description of your company

1. Type of business: (check all that apply)

- Wholesaler
- Retailer
- Importer
- Agent (broker)
- Distributor
- Other (specify) : _____

2. Established since:

3. Sales Channel: (check all that apply)

- Club/mega stores
- Supermarkets
- Specialty stores
- Food Service
- Institutional
- Industrial
- Online sales
- Other (specify): _____

4. Procurement: (check all that apply)

- Direct to Own Warehouse
- Distributor(s) (specify): _____
- Pickup at Supplier US Warehouse
- Pick up at Supplier
- Canadian Warehouse
- Other: _____

5. Sales territories / markets:

6. Countries of Imports:

7. Approximate Value of Annual Imports (\$USD):

8. Brief company description (max 100 words – this profile will be sent to potential suppliers) :

9. Do you currently source products from Canada? Yes No
 If yes, what types of products?

10. If there are specific Canadian companies you wish to meet, please list them here:

Logistic information

Technical requirements: (check box if available)

- Computer with microphone and video conferencing
- Adequate internet connection
- Microsoft Teams
- Zoom
- Go to meeting

Product Interest

Please indicate here if you have any products categories you DO NOT want to meet with:

Categories/Requirements/Certifications	Mandatory		Optional		Wellness Attributes							
					Mandatory		Optional		Mandatory		Optional	
<input type="checkbox"/> Branded Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Additive free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low Calories	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> All Natural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low Carbs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HACCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Functional food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low Fat	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GFSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gluten Free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Low Sodium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EDI Capable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Source of Antioxidant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No Trans Fat	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Peanut Free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Source of Dietary Fibre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sugar Free	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Non-GMO Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Source of Omega 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vegan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Organic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Source of Soy Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Whole Grain	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Halal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vitamin/Calcium Enriched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kosher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Allergen Free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fair trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional notes, special interests:

Please submit completed form to **Caroline Bernard, Member Relations and Executive Coordinator** at cbernard@canada-organic.ca

