

**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 :**

<b>Buyer Name :</b>	<b>Title:</b>
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**Address :**

<b>City :</b>	<b>Postal / Zip Code:</b>
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<b>Telephone:</b>	<b>Cell:</b>	<b>Fax :</b>
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<b>Email Address :</b>	<b>Website:</b>
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**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
- Zoom

**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"/> Additive free	<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"/> All Natural	<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"/> Functional food	<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"/> Gluten Free	<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"/> Source of Antioxidant	<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"/> Source of Dietary Fibre	<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"/> Source of Omega 3	<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"/> Source of Soy Protein	<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"/> Vitamin/Calcium Enriched	<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"/> Allergen Free.	<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"/> Other :	<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](mailto:cbernard@canada-organic.ca)

