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Toronto Office



<b>BUSINESS CONTACT</b>	INFO	RMATIC	ON							
Legal company name	:									
Company name:										
Business number:										
Billing address:										
City:	ity: Province:					Postal Code:				
Tel:				Fax:				E-mail:		
Business type :		Retail		Restaurant	- E	Bakery		Gym		
		Other:								
HFN member		Yes		No						
Date of establishmen	nt:									

SHIPPING INFORMATION						
Shipping address (if different from billing address)						
City:	Privinc	e:	Postal Code:			
Tel:		Fax:	E-mail:			
Loading Dock	Yes	No No				

DEPARTMENTAL PURCHASING INFORMATION				
Contact name:				
Tel:	Fax:			
-mail: Department:				
Contact name:				
Tel:	Fax:			
E-mail:	Department:			

ACCOUNTING INFORMATION				
Contact name:				
Tel:	Fax:			
E-mail Department:				
Contact name:				
Tel:	Fax:			
E-mail:	Department:			

## ACCOUNT OPENING FORM



BANKING INFORMATION	ı		
Financial institution:			
Address:			
City:	Province:	Postal Code:	
Tel:	Fax:	Account#	
Contact name:			

TRADE REFERENCES				
Legal company name:				
City:	Province:		Postal Code:	
Tel:		Fax:		
Contact name:				
Legal company name:				
City:	Province:		Postal Code:	
el:		Fax:		
Contact name:				
Legal company name:				
City:	Province		Postal Code:	
Tel:		Fax:		
Contact name:				

Aliments Koyo Foods Inc. reserves the right to charge 2% monthly interest on all overdue balances.

The undersigned hereby acknowledges that the information here stated is true and subjected to investigation. The above trade reference information is for the use of our credit department, and will be kept in strict confidence.

Thank you for your cooperation

Signature

GST#

Title PST#

HST#

Business number NEQ/NE Canada