



ALIMENTS
KOYO
FOODS INC.

- Québec distribution only
 Ontario distribution only
 Distribution for both province

ACCOUNT OPENING FORM

BUSINESS CONTACT INFORMATION					
Legal Company Name:					
Company Name:					
Business Number:					
Billing Address:					
City:		Province:		Postal Code:	
Telephone Number:			Fax:		
Email:					
Contact Name:					
Business Type:	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Gym <input type="checkbox"/> Bakery <input type="checkbox"/> Other				
HFN Member:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Establishment:					

SHIPPING INFORMATION (if different from billing address)					
Address:					
City:		Province:		Postal Code:	
Telephone Number:			Fax:		
Email:					
Contact Name:					
Loading Dock:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Receiving hours:		

PURCHASING DEPARTMENT INFORMATION					
Contact Name:					
Telephone Number:			Fax:		
Email:					

ACCOUNTING DEPARTMENT INFORMATION					
Contact Name:					
Telephone Number:			Fax:		
Email:					

BANKING INFORMATION					
Financial Institution:					
Address:					
City:		Province:		Postal Code:	
Telephone Number:			Fax:		
Email:					
Contact Name:					
Account #					

TRADE REFERENCES

Legal Company Name:					
Address:					
City:		Province:		Postal Code:	
Telephone Number:			Fax:		
Email:					
Contact Name:					

Legal Company Name:					
Address:					
City:		Province:		Postal Code:	
Telephone Number:			Fax:		
Email:					
Contact Name:					

Legal Company Name:					
Address:					
City:		Province:		Postal Code:	
Telephone Number:			Fax:		
Email:					
Contact Name:					

According to KOYO FOODS ONTARIO INC. payment policies, all invoices must be paid in full within our terms which is net 30 days from the invoice date. Infringement on these terms and conditions will revert your financial transaction method to credit card transaction prior to delivery with an additional 2% charge monthly interest on all overdue balances.

The undersigned hereby acknowledges that the information stated in this document is true and subjected to investigation. The information in this document is used for our credit department and will be kept in strict confidence.

Thank you for your cooperation.

GST#	
HST#	
PST#	
Business Number:	

Signature

Title