

ACCOUNT OPENING FORM

Votre distributeur de produits naturels
biologiques et macrobiotiques

BUSINESS CONTACT INFORMATION

Legal company name			
Company name			
Business number			
Billing address			
City	Province	Postal Code	
Tel	Fax	E-mail	
Business type	Retail	Catering	Restaurant Bakery Gym
Other : _____			
HFN member	Yes	No	
Date of establishment			

SHIPPING INFORMATION

Shipping address (if different from billing address)			
City	Province	Postal Code	
Tel	Fax	E-mail	
Loading Dock	Yes	No	

DEPARTMENTAL PURCHASING INFORMATION

Contact name	
Tel	Fax
E-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

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BANKING INFORMATION

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	
Tel	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	Title
GST#	PST#
HST#	Business number NEQ/NE Canada

