

☐ Montreal Office

☐ Toronto Office

ACCOUNT OPENING FORM



BUSINESS CONTACT INFORMATION

Legal company name:			
Company name:			
Business number:			
Billing address:			
City:	Province:	Postal Code:	
Tel:	Fax:	E-mail:	
Business type :	<input type="checkbox"/> Retail	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bakery <input type="checkbox"/> Gym
	<input type="checkbox"/> Other:		
HFN member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of establishment:			

SHIPPING INFORMATION

Shipping address (if different from billing address)			
City:	Province:	Postal Code:	
Tel:	Fax:	E-mail:	
Loading Dock	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

**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

GST#

HST#

Title

PST#

Business number NEQ/NE Canada