

Chef Source New Customer Credit Application Form

Date of Application:			
	General Information		
Legal Business Name:			
Operating Name:			
Physical Address			
City:	Province:		
Postal Code:	Company Phone:		
Billing Address (If different from above):			
City:	Province:		
Postal Code:			
Accounting Contact Name:			
Phone:	Email:		
	Business Information		
Company Owner(s)/Representative:			
Type of Business:	Years i	Years in Business:	
	Sole Proprietor Corporation	Partnership	
	Bank Information		
Bank Name:			
Bank Address:			
City:	Province:		
Postal Code:			
Account Manager:			
Transit:	Account Number:		

Chef Source

Phone: 250-213-1931 | Email: info@chefsource.ca

Trade References

	Trade Nere	er crices		
Supplier	City, Prov	Phone	Email	
Has the firm or any of its principals ever b	Leen Bankrupt:	Yes	No	
We/I make this application for a charge an information and Personal credit information purpose of opening this account and mon	ion on the principals of	f this company including de	-	
We/I authorize the exchange of business suppliers in order to protect and ensure t granting system.	·			
We/I authorize the co-operation with loca activities in order to protect both parties	-		tigation of unlawful or improper	
We/I authorize the disclosure of business	and personal informat	tion where necessary to pro	etect your interests and ours.	
We also understand that we are personal	ly responsible and liabl	e for payment of all goods s	supplied by Chef Source.	
Signature:		Print Name:		
Title:	Authorized Signatory)	Date: _		
Credit Terms -TO BE COMPLETED BY SALES REP				
Terms of Payment: This section for CHQ payments		N14 Other:		
Only (Please Specify, subject to approval) Method of Payment:				
Term Type Description				
Cheque		Available to all customers provided within the agree	. A cheque, must be	
Credit Card		The card will be charged a	Ifter the order is assembled eaving the warehouse.	

Chef Source

Phone: 250-213-1931 | Email: info@chefsource.ca