

CREDIT APPLICATION

FRESH FORWARD INC.

9910 - 69 AVENUE N.W.
EDMONTON AB T6E 6G1
PH. (780) 450-6545 FX:(780) 450-6548

Customer Profile

Company: _____ Legal Name: _____

Contact

Mr/Ms: _____ First Name: _____ Last Name: _____

Bill To

Address: _____ P.C. _____

Ship To (if different than bill to)

Address: _____ P.C. _____

Phone: _____ Fax: _____ Email _____

A/P Contact: _____ Are Purchase orders req'd? ____ Yes ____ No

Credit Information

Company principal/owner: _____

Bank: _____ Address: _____

Phone: _____ Fax _____ Contact: _____

Trade References

Company/Contact/Phone/Fax

1. _____

2. _____

3. _____

G.S.T. # _____

Fresh Forward Inc. "Terms": Credit Card

Also, customer is responsible for ALL costs associated to collect outstanding amounts.

I, _____ Agree to above terms and conditions

Authorized signature _____ Title _____ Date _____

CREDIT CARD NUMBER:

EXPIRY DATE:

CVV NUMBER:

CIRCLE: VISA MASTERCARD

FOR OFFICE USE ONLY

DATE: _____ APPROVED: _____ CREDIT LIMIT: _____

APPROVED BY: _____ REVIEW DATE: _____