

CREDIT APPLICATION

FRESH FORWARD INC.

9910 - 69 AVENUE N.W.

EDMONTON AB T6E 6G1

PH. (780) 450-6545 FX:(780) 450-6548 Toll Free: 844 450 6545

www.freshforward.ca

Email: orderdesk@freshforward.ca

Incomplete and/or illegible Credit Application will be returned

Customer Profile

Company: _____

Legal name (If different from Company Name): _____

Bill To

Address: _____

Country: _____ Province: _____ City: _____ Postal code: _____

Ship To (if different than bill to)

Address: _____

Country: _____ Province: _____ City: _____ Postal code: _____

Owner/Location Manager: _____

Email: _____ Phone #: _____

Approved Purchaser(s)/Title: _____ (Chef) _____

Email: _____ Phone #: _____

Email: _____ Phone #: _____

Are Purchase orders required? YES _____ NO _____

A/P Contact: _____ Email: _____

Part of a purchasing group (30 days term) _____ Independent (Credit Card required) _____

Delivery Details

Delivery Times (Open) _____ (Closed) _____

Order Method Online / E-mail / Fax / Phone

Limitations / Special Equipment 53FT Trailer / Power Tailgate / Other:

Delivery Details (Frequency) _____ (Days) M T W T F S _____

Credit Information

Company principal/owner: _____

Bank: _____ Address: _____

Phone: _____ Fax _____ Contact: _____

G.S.T. # _____

Trade References

Company/Contact/Phone/Fax

1. _____

2. _____

3. _____

Credit Card - Fresh Forward Inc. takes credit card payment for each invoice total

Net Terms 1 day

Credit Card Number: _____

Expiry Date: _____ CVV #(see back of card): _____ VISA or MASTERCARD

Accounts over terms will be put on HOLD until account is brought current

Customer is responsible for ALL costs associated to collect outstanding amounts

Invoices are included with product delivery, receiver to sign one copy of invoice for

Fresh Forward Inc. POD, and one copy kept for customer to process for payment.

PLEASE KEEP INVOICE FOR YOUR RECORDS

This is the only invoice copy sent to location for payment processing

Statements are sent on the 1st and 15th of the month (or next business day)

If any copies are required please contact accounting@freshforward.ca

I, _____ Agree to above terms and conditions

Authorized signature: _____ Title: _____ Date: _____