

**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): \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are Purchase orders required? YES \_\_\_\_\_ NO \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**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
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**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](mailto:accounting@freshforward.ca)**

I, \_\_\_\_\_ Agree to above terms and conditions

Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_