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Customer Account Application Form

Full Company Name _____

Name of Owner _____

Billing Address _____ Postal Code _____

City _____ Province _____

Tel () _____ Fax () _____ Email _____

Type of Business proprietorship partnership corporation co-op Yr Est _____

Nature of Operation retail home delivery/csa buying group
 processor distributor restaurant

Accounts Payable Contact _____

Tel () _____ Fax () _____ Email _____

Trade References

1. Name _____ Phone _____ Fax _____

Contact Person _____ Email _____

2. Name _____ Phone _____ Fax _____

Contact Person _____ Email _____

3. Name _____ Phone _____ Fax _____

Contact Person _____ Email _____

Bank Name _____ Phone _____

Address _____ Bank Manager's Name _____

Signature _____ Name _____

Title _____ Date _____