

Worldwide Distributors

8811 Keele Street, Concord, Ont. L4K 2N1
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Customer Credit Application

Email: ar@worldwidefoods.com / orders@worldwidefoods.com
OR Isommers@foodbanksCanada.ca

Credit Line Requested \$ _____ Check One Corp Partnership Proprietor Other

Legal Name

Trade Name _____

Owners Name: _____ Date Business Started _____

City _____ Type of Business _____

Province _____ Accounts Payable Contact Name _____

Postal Code _____ Accounts Payable Tel () _____

Buyers Name _____ Fax () _____

E-mail address _____ ***

Bill To Address _____ City _____ Prov _____ Postal Code _____

Telephone () _____ Fax () _____

Ship To Address _____ City _____ Prov _____ Postal Code _____

Telephone () _____ Fax () _____

BANK REFERENCE

Bank Name _____ Bank Contact Name _____

Bank Address _____ Bank Phone Number () _____

City _____ Province _____ Bank Account # _____

Postal Code _____ ****PLEASE COMPLETE IN FULL**

TRADE REFERENCES

CREDIT REFERENCES (ACCOUNTS YOU HAVE TERMS WITH – NO C.O.D. ACCOUNTS)

<u>Name</u>	<u>Address</u>	<u>Phone No.</u>	<u>Your Account Number</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

The above information is for the purpose of obtaining credit and is warranted to be correct and accurate to the best of my knowledge. I realize that any missing information may delay the processing of this application. I consent to your verifying and checking any credit information supplied.

Authorized Signature

Printed Name/Title

All Invoices must be paid within 30 days

Approved By _____ Date _____

Any questions please contact: 1-800-268-2329 ext #224
We now offer ELECTRONIC FUNDS BANK TRANSFER **