

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

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

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