

Service Ideas, Inc.

Credit Application/CANADA



CONTACT INFORMATION

Business Name:

Mailing Address:

City:

State:

Zip:

Billing Address:

City:

State:

Zip:

Phone:

Email:

Number of years in business:

At current location:

President Owner:

Phone:

Purchasing Agent:

Phone:

Controller:

Phone:

A/P Department:

Phone:

Related Business: YES click to check NO click to check

Related Business Name:

Related Business Address:

Has this company, its owner, or related companies filed for bankruptcy within the last 5 years? YES click to check NO click to check

Please provide additional information

Please provide at least 4 credit / trade references on the attached sheet

IF PURCHASES WILL BE RESOLD PLEASE SEND RESALE CERTIFICATE

I affirm that the above information is true to the best of my knowledge. I agree to allow Service Ideas to check the credit references of this company as part of an application for an open account. I agree to pay invoices in US DOLLARS when due according to the terms extended and to pay collection or attorney fees if collection action is required.

Signature of Officer/Owner:

Date

Printed name of above:

Title:

Service Ideas, Inc.

Credit/Trade References/CANADA



PRINCIPAL SUPPLIERS (FOODSERVICE INDUSTRY PREFERRED)

Name:

Address:

City: State: Zip:

Phone: Email:

Name:

Address:

City: State: Zip:

Phone: Email:

Name:

Address:

City: State: Zip:

Phone: Email:

Name:

Address:

City: State: Zip:

Phone: Email:

BANK REFERENCE

Name:

Address:

City: State: Zip:

Phone: Email:

Service Ideas, Inc.

Terms & Conditions/CANADA



FREIGHT POLICY FOB WOODBURY (PLEASE CHOOSE METHOD)

click to check	COLLECT	Preferred Carrier:
		Phone:

click to check	3RD PARTY	(Indicate carrier and account number below)
	Preferred Carrier:	
	Address:	
	Account:	Phone:

click to check	PRE-PAY	And add to invoice
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Broker:	
Contact:	Phone:
Address::	

INVOICING INVOICES WILL BE PAID WHEN DUE, IN US DOLLARS

click to check	US Mail
click to check	Email (provide email address)
click to check	FAX (provide fax number)

Return Policy - Distributor is responsible for all costs (including freight and duty) related to product returns, excluding quality issues.

I agree to the terms set forth above, unless otherwise noted.

Signature of Officer/Owner:	Date
Printed name of above:	Title: