



Edoko Food Importers Ltd.

1335 KEBET WAY, PORT COQUITLAM, B.C. V3C 6G1
TEL: (604) 944-7332 or 1-800-665-3233
FAX: (604) 944-8557 or 1-800-665-2733

NEW CUSTOMER INFORMATION FORM

PLEASE COMPLETE BOTH PAGES.

BUSINESS		
LEGAL COMPANY NAME _____		
DOING BUSINESS AS _____		
MAILING ADDRESS		
CITY _____	PROVINCE _____	POSTAL CODE _____
DESCRIPTION OF BUSINESS _____		
DELIVERY ADDRESS		
CITY _____	PROVINCE _____	POSTAL CODE _____
PHONE NUMBER _____	FAX NUMBER _____	SALES TAX # _____
YEARS IN BUSINESS _____	STORE MANAGER _____	
TERMS REQUESTED C.O.D. <input type="checkbox"/> NET 30 DAYS <input type="checkbox"/> VISA OR MASTERCARD <input type="checkbox"/>		
VISA # _____	EXPIRY DATE _____	
M/C # _____	EXPIRY DATE _____	

PERSONAL INFORMATION – OWNER		
NAME _____		
ADDRESS _____		
CITY _____	PROVINCE _____	POSTAL CODE _____
BIRTH DATE _____	SOCIAL INSURANCE NUMBER _____	



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NEW CUSTOMER INFORMATION FORM (cont'd)

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PLEASE NOTE:

All new accounts will be on a **C.O.D. basis** until such a time as a line of credit has been established with **EDOKO FOOD IMPORTERS LTD.**

FOR FUTURE ORDERS, PLEASE FILL OUT THE FOLLOWING

NAME & ADDRESSES OF TRADE REFERENCES

NAME:	PHONE:
ADDRESS:	FAX:

NAME:	PHONE:
ADDRESS:	FAX:

NAME:	PHONE:
ADDRESS:	FAX:

PLEASE ATTACH COPY OF VOID CHEQUE FOR BANKING INFORMATION

All past due amounts will be charged interest at the rate of 2% per month (24% per year). I agree to pay all bills upon receipt of invoice or as otherwise agreed when credit is established.

I hereby authorize **EDOKO FOOD IMPORTERS LTD.** to obtain such credit reports or other information as may be deemed necessary to establish a credit account or for any other direct business requirement.

SIGNED

DATE

NAME (PLEASE PRINT)

APPLICATION TO BE SIGNED IN PRESENCE OF SALES REPRESENTATIVE

HEAD OFFICE ONLY

SALES REP (PLEASE PRINT)

TERRITORY