



**~ CONFIDENTIAL NEW CLIENT APPLICATION ~**

Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Name of Legal Identity: \_\_\_\_\_

<b>Bill To:</b> _____	<b>Ship To:</b> _____
Address: _____	Address: _____
City: _____ Prov: _____ Postal Code: _____	City: _____ Prov: _____ Postal Code: _____
Email: _____	Email: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

Accounts Payable Contact: : \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**All new accounts will commence with payments that are made either by on Visa or MasterCard , or by cheque prior to shipping. Please fill out all credit card information below. Please note that any credit application for terms will be considered only, after 6 months of payment history and a complete credit check has been performed.**

**Credit Card #:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **CVV Required:** \_\_\_\_\_

**Card Holders Signature:** \_\_\_\_\_

**TYPE OF BUSINESS**

Corporation  Partnership  Sole Proprietor

**NAMES OF OWNERS/OFFICERS**

President/Owner \_\_\_\_\_

Bank Name: _____	Phone: _____
Branch: _____	Contact: _____
Type of Account: _____	Acct. #: _____

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

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**For Office Use Only:**

Channel:  Grocery  Drug  GM  Mass  Indy  Club      Salesperson: \_\_\_\_\_  
Banner: \_\_\_\_\_ Price List: \_\_\_\_\_       DSD Applicable(LISTC Price List)