



106 Fry Street
Nanaimo, B.C. V9R 4Y9
Phone : 250-753-2540
Toll free : 1-888-751-6664
Fax: 250-753-2516
Email: omni@omnifoods.com

ACCOUNT CREDIT APPLICATION PLEASE FAX TO (250-753-2516)

NEW CUSTOMER CHANGE OF OWNERSHIP MODIFY EXISTING NAME CHANGE

COMPANY NAME/OPERATING AS: _____

DELIVERY ADDRESS: _____

CITY: _____ PROVINCE: BC POSTAL CODE: _____

INVOICE ADDRESS: _____

CITY: _____ PROVINCE: BC POSTAL CODE: _____

PHONE #: _____ FAX #: _____ MOBILE#: _____

EMAIL: _____ WEBSITE: _____

OWNER/MANAGER: _____

PHONE #: _____ FAX #: _____ MOBILE#: _____

BOOKKEEPING/ACCOUNTS PAYABLE: _____

PHONE #: _____ FAX #: _____ MOBILE#: _____

CORPORATE REGISTRATION #: _____

GST EXEMPT #: _____ PST EXEMPT #: _____

FORM OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

****PLEASE INCLUDE ALL OTHER INFORMATION IF APPLYING FOR AN ACCOUNT OR IF PAYING COD BY CHEQUE – IF YOU ARE PAYING BY CREDIT CARD, PLEASE OMIT THE REMAINDER OF THIS APPLICATION.****

PRINCIPLES, PARTNERS, PROPRIETOR:

NAME: _____

ADDRESS: _____ CITY: _____ PROVINCE: BC POSTAL CODE: _____

BANK NAME/BRANCH: _____

CITY: _____ PROVINCE: BC POSTAL CODE: _____

PHONE: _____ EMAIL: _____

REFERENCES:

1. NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

2. NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

3. NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

CREDIT LIMIT REQUESTED: _____

I/WE HEREBY REPRESENT THAT I/WE ARE AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE CUSTOMER NAMED ABOVE, AND THAT THE INFORMATION PROVIDED FOR THE PURPOSE OF OBTAINING CREDIT IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE OMNI FOODS TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. IT IS AGREE AND UNDERSTOOD THAT ALL NECESSARY COLLECTION AND LEGAL COSTS MAY BE CHARGED TO MY COMPANY IN THE EVENT OF DEFAULT OR FAILURE TO PAY FOR PRODUCTS AND/OR SERVICES RENDERED. I/WE FURTHER REPRESENT THAT THE CUSTOMER APPLYING FOR CREDIT HAS THE FINANCIAL ABILITY AND WILLINGNESS TO PAY FOR ALL INVOICES WITHIN THE ESTABLISHED TERMS. I/WE, THE UNDERSIGNED, AUTHORIZE OMNI FOODS TO OBTAIN AND/OR EXCHANGE BUSINESS AND/OR PERSONAL INFORMATION WITH CREDIT GRANTORS AND/OR CREDIT REPORTING AGENCIES FOR THE PURPOSES OF ESTABLISHING OR VERIFYING MY/OUR FINANCIAL STANDING AND/OR THAT OF THE COMPANY. ONCE THE CREDIT APPLICATION IS APPROVED, I ACKNOWLEDGE THAT THE TERMS OF PAYMENT ARE NET 14 DAYS. ALL CUSTOMERS WILL BE SERVED ON A COD BASIS ONLY UNTIL ALL CREDIT INFORMATION CAN BE VERIFIED BY OUR OFFICE.

OWNER: NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

OFFICE USE ONLY

METHOD OF PAYMENT:

CASH PRE AUTH DEBIT CREDIT CARD (VISA/MC) CHEQUE E-TRANSFER

TERMS:

COD (CASH/CHQ) CHARGE (NET 14 DAYS)

Please initial & date upon completion:

Account Information Added into Simply: _____

Account Credit Information Form: _____

Credit Card Authorization Form: _____

Order Submitted: _____