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## CUSTOMER CREDIT APPLICATION

Business Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Bill to Address:

### Shipping Address:

City: \_\_\_\_\_

\_\_\_\_\_

Province/Territory: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

\_\_\_\_\_

Names of Principals	Titles	Home Address	Telephone Number

HST Exempt \_\_\_\_\_ HST Exemption Number \_\_\_\_\_ DUNS# \_\_\_\_\_

Date Established \_\_\_\_\_

Credit Required for Month \_\_\_\_\_ Contact for A/P \_\_\_\_\_

### Address for Accounts Payable (if different from above)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

### Bank Reference

Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Account Number \_\_\_\_\_

## Trade References

1

Name	Contact	Phone Number	Fax Number
Street Address	City	Province/Territory	Postal Code
Account Number			

2

Name	Contact	Phone Number	Fax Number
Street Address	City	Province/Territory	Postal Code
Account Number			

3

Name	Contact	Phone Number	Fax Number
Street Address	City	Province/Territory	Postal Code
Account Number			

The information on this application is correct. I (we) hereby authorise, to whom this application is submitted, to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements. I (we) further understand and agree to the credit terms of sale below:

1. Initial orders are C.O.D. regardless of credit status;
2. All invoices are payable 21 days from date of invoice unless otherwise stated on invoice;
3. In the event of a disputed invoice, the customer should notify Euro Mediterranean Foods within 48 hours of receipt of invoice by specifying the Invoice Number, the nature of the dispute and the amount under dispute;
4. Customers whose invoices remain unpaid after 45 days, or whose account exceeds the credit limit established, may be placed on a C.O.D. basis until the balance is paid in full or special arrangements are made with the credit manager;
5. No returns unless authorised by Euro Mediterranean Foods. Any unauthorised returns will be refused; and
6. Order cancellations are accepted within the first 48 hours following order placement. Any cancellation after 48 hours have passed will not be accepted and will be charged the full amount.

The undersigned being (title) \_\_\_\_\_ of the applicant company agrees to the above terms and conditions.

Signature \_\_\_\_\_

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

Credit Department Use Only	
Date Credit Approved	
Bank Report Received	
Credit Limit	