



DATE: _____

FIRM NAME: _____ TYPE OF OPERATION _____

ADDRESS: _____

CITY: _____ PROV: _____ CODE: _____

TYPE OF BUS. ORGANIZATION, () CORPORATION () PARTNERSHIP () SOLE

DATE BUSINESS STARTED: _____

PRINCIPAL OFFICERS/EMPLOYEES:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME OF BANK: _____ ACCT. TYPE () CHEQUING () SAVINGS

ACCOUNT NO. _____ FAX # _____

ADDRESS: _____ PHONE: () _____

CITY: _____ PROV. _____ CODE _____

TRADE REFERENCES:

1) NAME: _____ PHONE: () _____

FAX: () _____

ADDRESS: _____ CITY: _____

PROV: _____ CODE: _____

2) NAME: _____ PHONE: () _____

FAX: () _____

ADDRESS: _____ CITY: _____

PROV. _____ CODE _____

ESTIMATED CREDIT REQUIREMENTS: _____

PERSON TO CONTACT IN FIRM REGARDING CREDIT: _____

Signature Required to Obtain Credit Information ***DO NOT PRINT***

PHONE: () _____ FAX () _____

CELL PHONE: () _____ E-mail _____



SHIP TO INFORMATION

Name: _____

Address: _____

City: _____ Province: _____

TRADE CLASS: _____

- | | |
|---------------------|--------------------------|
| 1. Greenhouse | 5. Cash Crop Grower |
| 2. Orchard | 6. Wholesale Account |
| 3. Vegetable Grower | 7. Miscellaneous Account |
| 4. Contract Grower | 8. Rental Customer |

CHARGE TAX?

GST Y / N **FARM PERMIT NUMBER:** _____

PST Y / N **FARM PERMIT NUMBER:** _____

U.S. TAX IDENTIFICATION # _____

Salesman: _____

Approved by:
(Signature): _____
Perry Stickles, President