



Great Lakes Food Company

135 Bothwell Street, PO Box 426

Chatham, ON N7M 5K5

TEL: 519-354-4600

FAX: 519-354-9566

GREAT LAKES FOOD

Credit Application

Company Name: _____ Phone # _____

Address : _____ Fax # _____

City: _____ State/Prov : _____

Postal/Zip : _____

Fed Tax ID: (US only) _____ DUNS Number _____

Purchasing Contact Name : _____ Phone # _____

E-mail address : _____ Fax # _____

BILLING INFORMATION IF DIFFERENT FROM ABOVE (Where Invoices should be mailed)

Bill to Address : _____

City: _____ State/Prov : _____

Postal/Zip : _____

A/P Contact Name : _____ Phone # _____

E-mail address : _____ Fax # _____

SHIP TO INFORMATION

Ship to Address (1) : _____

City : _____ State/Prov : _____

Postal/Zip : _____

Receiving Hours : _____

Appointment needed : Y N

Shipping Contact Name : _____ Phone # _____

E-mail address : _____ Fax # _____

Ship to Address (2) : _____

City : _____ State/Prov : _____

Postal/Zip : _____

Receiving Hours : _____

Appointment needed : Y N

Shipping Contact Name : _____ Phone # _____

E-mail address : _____ Fax # _____

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Credit Application (Continued)

BANKING INFORMATION

Bank Name : _____ Acct # _____
City : _____ State/Prov : _____ Postal/Zip : _____
Bank Contact Name : _____ Tel # _____
E-mail address : _____ Fax # _____

TRADE REFERENCES

Vendor Name (1) : _____ Tel # _____
City : _____ State/Prov : _____ Fax # _____
Contact : _____ E-mail address : _____
Vendor Name (2) : _____ Tel # _____
City : _____ State/Prov : _____ Fax # _____
Contact : _____ E-mail address : _____
Vendor Name (3) : _____ Tel # _____
City : _____ State/Prov : _____ Fax # _____
Contact : _____ E-mail address : _____

CREDIT POLICY

Payment terms are 30 days from date of invoice. All delinquent accounts that remain unpaid beyond 15 days past due date will be placed on "Credit Hold". While an account is on Credit Hold no orders will be shipped until past due invoices are remedied. Accounts over 30 days past due will be placed on COD. If an account is consistently over 30 days past due &/or on Credit Hold, it will be placed on COD permanently.

Signature of Corporate Officer/Owner/Partner Printed Name

Date : _____ Title : _____

PLEASE COMPLETE AND FAX BACK TO 519-354-9566