



APPLICATION FOR A BUSINESS ACCOUNT

This is an application to have an account with our company,
not an application for credit.
All pages are required information and need to be filled in.

ONTARIO NATURAL FOOD CO-OP

5685 McLaughlin Road
Mississauga Ontario L5R 3K5
p. 905.507.2021 f. 905.507.1905

BUSINESS INFORMATION

| | | | |
|---|------|--|--------------|
| Trade Name: | | GST#: | |
| Legal Name (if different than Trade Name): | | | |
| Billing address: | | | |
| City: | | Prov.: | Postal Code: |
| Tel: | Fax: | Email: | |
| Mailing address (if different from Billing): | | | |
| City: | | Prov.: | Postal Code: |
| Tel: | Fax: | Email: | |
| Business Type: | | Years in Business: | |
| HFN Member: Y or N | | DCI Member: Y or N | |
| # of Departments Ordering: | | # of Employees: FT = PT = | |
| Area/Size of Store: | | Sr./Store Manager Name: | |
| How would you characterize your community? <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Other - | | | |
| If you are a co-operatively structured business, please include a copy of your articles of incorporation. | | | |

SHIPPING INFORMATION

| | | | |
|--|------|----------------------|--------------|
| 1 st Shipping Address (if different): | | | |
| City: | | Prov.: | Postal Code: |
| Tel: | Fax: | Email: | |
| Receiving Hours: | | Loading Dock: Y or N | |
| 2 nd Shipping Address (if different): | | | |
| City: | | Prov.: | Postal Code: |
| Tel: | Fax: | Email: | |
| Receiving Hours: | | Loading Dock: Y or N | |

DEPARTMENTAL PURCHASING INFORMATION

| | | | |
|--------------------------|--|--------|------|
| 1 st Contact: | | Tel: | Fax: |
| Department: | | Email: | |
| 2 nd Contact: | | Tel: | Fax: |
| Department: | | Email: | |

ACCOUNTING INFORMATION

| | | |
|---------------------------------|--------|--------|
| Contact: | Title: | Email: |
| Most Recent 12 months sales: \$ | | Tel: |

BANKING INFORMATION

| | |
|------------------------|---------------------|
| Financial Institution: | Manager to contact: |
| Branch Location or ID: | Account Number: |
| Tel: | Fax: |

PRODUCT RECALL CONTACTS

ONE CONTACT IS MANDATORY – RECALL CONTACT(S) SHOULD BE CAPABLE/RESPONSIBLE FOR CHECKING INVENTORY FOR RECALLED PRODUCT AND REPORTING BACK TO ONFC IMMEDIATELY UPON RECEIVING NOTIFICATION OF A RECALL.

| | | |
|--------------------------|------|------------|
| 1 st Contact: | | Job Title: |
| Tel: | Fax: | Email: |
| 2 nd Contact: | | Job Title: |
| Tel: | Fax: | Email: |



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BUSINESS/TRADE REFERENCES

| | | |
|------------------|------|---------------|
| 1. Company Name: | | Contact Name: |
| Tel: | Fax: | Email: |
| 2. Company Name: | | Contact Name: |
| Tel: | Fax: | Email: |
| 3. Company Name: | | Contact Name: |
| Tel: | Fax: | Email: |

STATEMENT OF AUTHORITY TO COMMIT AND VERIFY ACCURACY

I certify that I have the authority to commit the above business to the terms defined in this document. I hereby certify that the information provided in this account application is correct. I understand that ONFC may also utilize other sources of credit information which it considers necessary in making this determination.

I hereby authorize the bank and trade references listed in this account application to release the information necessary to assist ONFC in assessing credit worthiness. The information included in the application will be used by ONFC to determine credit terms and limits.

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

| | |
|--|------------|
| Name (Please Print) | Signature: |
| Title: | Date: |
| Name (Please Print) | Signature: |
| Title: | Date: |
| If you are a limited or incorporated company, please complete this: I hereby personally guarantee payment to Ontario Natural Food Co-op for All Amounts owing by the corporation to Ontario Natural Food Co-op. | |
| Name (Please Print) | Signature: |
| Title: | Date: |

ONFC POLICY STATEMENT

Initial orders from New Accounts will not be processed until the completed information is received. All orders are COD until credit terms are granted. Standard Terms: 1% in 10, net 30 days from date of invoice unless otherwise provided by ONFC. Eligibility for the 1% Early Payment Discount requires that payments be received and dated no later than 12 days from the day of invoice.

**ONFC reserves the right to decline orders when credit limits are breached.
ONFC reserves the right to charge 2% monthly interest on account balances of 30 days.**

EMAIL COMMUNICATION

By providing your email address to ONFC you are giving consent that we can send you emails regarding: closure dates, product information and price, promotions and operational information. You can unsubscribe to our email database at any time.

FOR USE BY ONFC CREDIT DEPARTMENT

| | | | |
|--|-----------------------|--------------|---------------------|
| Limit: | Payment Terms: | Date: | Accepted By: |
| Customer ID: | Class ID: | | |
| Contact: Accounts Receivable, Ext. 295, arteam@onfc.ca | | | |

MEMBERSHIP OPPORTUNITY

Thank you for your interest in Ontario Natural Food Co-op! Co-ops are different. Co-ops are businesses that are owned and run by their members and are driven by values not just profit. Members have an equal say in what the business does. Our members are entitled to unique benefits and with those benefits come rights and responsibilities.

ONFC Member Benefits:

- Financial Rewards: member loan/member discount program, CORE (Co-op Opportunities for Retail Excellence) an exclusive member only promotional program.
- Education: rebate to attend Rising Stars Seminars (a leader in natural food retailing training), access to the AGM educational keynotes, panels and workshops, and access to the member website.
- Governance: co-op co-ownership, access to the Annual Meeting & Annual Report, voice on Board committees, candidacy for Board of Directors

Consider if your business meets the membership criteria?

1. If you are a co-operatively structured retail business, you automatically qualify to be a member.
2. If you are a non-collectively owned business that derives more than 50% of its revenue from the sale of natural food and health products, you qualify to become a member.

Are you interested in learning more about becoming a member of ONFC? YES NO

For additional information visit www.onfc.ca/member/benefits.



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BANK REFERENCE

| | | | |
|--|--------|--------------|--|
| NAME OF BUSINESS: | | ACCOUNTS: | |
| ADDRESS: | | | |
| CITY: | PROV.: | POSTAL CODE: | |
| TEL: | FAX: | OWNERS: | |
| PLEASE TAKE THIS TO YOUR BANK AND HAVE THEM FILL IT OUT | | | |

I, _____ hereby authorize my financial institution to provide this information to ONFC.
Authorizing Signature

Date: _____
Day / Month / Year

| | | | | |
|--|----------------|----------------------|--------------|------------------------------------|
| FINANCIAL INSTITUTION: | | ATTENTION: | | |
| TEL: | | FAX: | | |
| | | Account Opened | | |
| No record | Account Closed | Less than 1 year | 1 to 3 years | Over 3 years |
| Deposit Account | | Average Balance | | NSF Activity |
| ___ Current | | ___ Low ___ 3 ___ 6 | | ___ No record |
| ___ Chequing | | ___ Mid ___ 4 ___ 7 | | ___ None |
| ___ Savings | | ___ High ___ 5 ___ 8 | | ___ Infrequent (less than 3/annum) |
| ___ other | | | | ___ Frequent (more than 3/annum) |
| Operating Loans | | Authorized Limited | | Utilization (%) |
| ___ Current | | ___ Low ___ 3 ___ 6 | | ___ 0% ___ 25% |
| ___ Chequing | | ___ Mid ___ 4 ___ 7 | | ___ 50% ___ 75% |
| ___ Savings | | ___ High ___ 5 ___ 8 | | ___ 100% ___ other % |
| ___ Other | | | | |
| Term Loans | | Original Amount | | Balance |
| ___ Current | | ___ Low ___ 3 ___ 6 | | ___ Low ___ 3 ___ 6 |
| ___ Chequing | | ___ Mid ___ 4 ___ 7 | | ___ Mid ___ 4 ___ 7 |
| ___ Savings | | ___ High ___ 5 ___ 8 | | ___ High ___ 5 ___ 8 |
| ___ Other | | | | |
| BANKING AUTHORIZATION | | | BANK STAMP | |
| NAME: _____ | | TITLE: _____ | | |
| SIGNATURE: _____ | | DATE: _____ | | |
| Contact: Accounts Receivable, Ext. 295, arteam@onfc.ca | | | | |