



ONTARIO NATURAL
— FOOD COMPANY.—

ONTARIO NATURAL FOOD COMPANY

5800 Keaton Cres. Mississauga Ontario L5R 3K2
p. 905.507.2021 f. 905.507.1905

NAME CHANGE FORM

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.

BUSINESS INFORMATION		
Previous Trade Name:		
New Trade Name:		
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:	
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:	
Department:	Email:	
2 nd Contact:	Tel:	
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:	
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:



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APPLICATION FOR A BUSINESS ACCOUNT

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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 Company for All Amounts owing by the corporation to Ontario Natural Food Company.

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.

FOR USE BY ONFC CREDIT DEPARTMENT

Limit:	Payment Terms:	Date:	Accepted By:
Customer ID:	Class ID:		

Contact: Accounts Receivable, Ext 271, arteam@onfc.ca