

APPLICATION FOR BUSINESS ACCOUNT

ONFC Grocery + Wellness

5800 Keaton Cres, Mississauga, ON L5R 3K2
P 905-507-2021 F 905-507-1905

Your business license must pertain to food retail, food service, and/or food manufacturing.



BUSINESS INFORMATION

Trade Name:		Retail License #:	
Legal Name (if different than Trade Name):		GST #:	
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 -			
Are you engaged in food product manufacturing? Y or N			

SHIPPING INFORMATION *(Shipping Addresses MUST be in Commercially Zoned Areas)*

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 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 are: Net 30, unless otherwise provided by ONFC.

Accounts ordering less than \$12000 yearly from date of activation will be deactivated and removed from ONFC mailing lists.

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. 242, accountingadmin@onfc.ca			

**This is an application to have an account with our
 company, not an application for credit.**

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.

ALL PAGES ARE REQUIRED INFORMATION AND NEED TO BE FILLED IN.

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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. 242, accountingadmin@onfc.ca				