

# Customer Application Form

Where Quality Meets Service

Phone: 416-613-8022 | Email: info@afsfoodservice.com | Website: www.afsfoodservice.com

## SECTION 1: Business Information

Legal Business Name:

Operating/Trade Name:

Billing Address:

City:

Province:

Postal Code:

Shipping Address:

Shipping City:

Shipping Province:

Shipping Postal Code:

Phone Number:

Business Email:

Website (if applicable):

Type of Business:

Years in Operation:

## SECTION 2: Primary Contacts

**Contact 1:** Title: Phone:

**Email:** Role(s):

**Contact 2:** Title: Phone:

**Email:** Role(s):

**Contact 3:** Title: Phone:

**Email:** Role(s):

## SECTION 3: Payment Method

Preferred Payment Method:

Name on Card:

Card Number:

Expiration Date (MM/YY):

CVV:

Billing Address (if different):

*Authorization: By selecting credit card, I authorize Absolute Food Service Inc. to automatically charge this card on each invoice due date. I understand and consent to these charges.*

Signature:

Date:

## **SECTION 5: Terms and Authorization**

By submitting this application, I confirm that the above information is true and complete.

I authorize Absolute Food Service Inc. to verify the information provided, including trade references.

Payment terms are Net 7 unless otherwise stated in writing.

Late payments may result in service interruption and/or interest charges.

Customers are responsible for verifying their orders upon delivery.

Discrepancies must be reported within 24 hours.

Absolute Food Service Inc. reserves the right to adjust prices with reasonable notice due to market changes.

Accounts inactive for more than 60 days may require re-approval.

By signing below, I acknowledge and accept these terms and conditions.

Authorized Signature:

Date: