



PSC Natural Foods

we deliver the goodness

OFFICE USE ONLY	
WHOLESALE	_____
SUPPLIER	_____
A/C CODE	_____
TERMS	_____

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EMAIL: sales@pscnaturalfoods.com | WEB: www.pscnaturalfoods.com

BUSINESS ACCOUNT APPLICATION

*PLEASE PRINT *FIRST ORDER'S ALWAYS C.O.D *TERMS ARE ESTABLISHED AT PSC'S DISCRETION ONLY

OPERATING or TRADE NAME: _____

INCORPORATED NAME: _____

BUSINESS WEBSITE / HOMEPAGE: _____

EMAIL ADDRESS: _____

***NOTE: CATALOGUES & MONTHLY SPECIALS WILL BE EMAILED TO YOU AUTOMATICALLY. IF YOU REQUIRE AN ALTERNATE METHOD OF RECEIVING THESE PUBLICATIONS PLS INFORM RECEPTION.**

MAILING ADDRESS: _____

NUMBER	STREET	CITY	PROVINCE	POSTAL CODE	PHONE	FAX
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SHIPPING ADDRESS: (IF DIFFERENT FROM ABOVE)

NUMBER	STREET	CITY	PROVINCE	POSTAL CODE	PHONE	FAX
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RECEIVING TIME (HOURS OF OPERATION TO RECEIVE PRODUCT) _____

CAN A TRACTOR TRAILER DELIVER EASILY TO YOUR SHIPPING ADDRESS? (IF NO - PICK-UP OR SHIPPING ARRANGEMENTS MUST BE PRE-ARRANGED) YES NO

NOTE: ORDERS WILL NOT BE DROPPED OFF WITHOUT SOMEONE TO RECEIVE AND CONFIRM THE ORDER. THERE WILL BE A 15% RESTOCKING FEE IF YOUR ORDER IS BROUGHT BACK TO PSC

GST# _____ PST# _____ BUSINESS LICENCE# _____

OWNER'S / PRINCIPAL'S NAMES: _____ BUYER / CONTACT: _____

TYPE OF BUSINESS: _____

RECALL CONTACT: _____	TEL: _____	EMAIL: _____
<i>Every account must have a designated person to contact in the event of a product recall. You are required to advise PSC if this contact changes.</i>		

DO YOU USE THE PRODUCTS FROM PSC TO: RESELL MANUFACTURE BUSINESS USE

DESCRIBE IN DETAIL: _____

BUSINESS COMMENCED: _____ INCORPORATED: _____ PREMISES: LEASED OWNED

REFERENCES - OTHER CREDIT SUPPLIERS (NOT REQUIRED FOR C.O.D. CUSTOMERS)

1.) NAME _____ TEL: _____

AR CONTACT _____ EMAIL: _____

2.) NAME _____ TEL: _____

AR CONTACT _____ EMAIL: _____

3.) NAME _____ TEL: _____

AR CONTACT _____ EMAIL: _____

The information hereon is for the purpose of obtaining credit and is warranted to be true. I (we) agree to pay all bills upon receipt of statement or as otherwise expressly agreed, and hereby agree to pay a service charge on the account past due these terms at the rate of 1.5 % per month (18% per annum). I hereby authorize the person or firm to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

DATE: _____ SIGNED _____ POSITION: _____