



(Formerly Joyce Fruits)

### CREDIT APPLICATION

28 Rivalda Road, Toronto Ontario  
Canada M9M 2M3P  
www.prodexfresh.ca  
(website coming soon)

P 416.745.4411  
T 1.888.227.4160  
F 416.745.4564

\*\*\*TO BE PROCESSED, THIS FORM MUST BE COMPLETED IN FULL\*\*\*

#### BUSINESS CONTACT INFORMATION

Legal Name			
Operating name:			
Phone:	Fax:	E-mail:	
Shipping Address:		Postal Code:	
Billing Address (If Different):		Postal Code:	
A/P Contact:	Phone:	Fax:	
Cheques are usually (please circle) <b>MAILED</b>		<b>AVAILABLE FOR PICK-UP</b>	
Purchasing Contact:		Phone:	Fax:
Type of Business (Please circle):	SOLE PROPRIETOR	PARTNERSHIP	CORPORATION OTHER
Start-up Company? (Please Circle):	YES or NO	If not new company, how long in business? _____	
Principal Owner:	Alternate Phone Number:		
Principal's Address:			
Principal Owner:	Alternate Phone Number:		
Principal's Address:			

Premise Owned:	Leased:	Name of Landlord:
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#### BANKING INFORMATION

Signing Officers of the Company:		
1)	Alternate Phone Number:	
2)	(If Applicable)	Alternate Phone Number:
Bank Name:	Phone:	Fax:
Bank Address:		
Account #:	Transit #:	Bank Contact:
Account Type (circle one):	CHEQ SAV OTHER	PLEASE SPECIFY:

#### BUSINESS/TRADE REFERENCES

Company name:		
Address:		
Phone:	Fax:	Contact:
Company name:		
Address:		
Phone:	Fax:	Contact:
Company name:		
Address:		
Phone:	Fax:	Contact:

#### AGREEMENT UPON APPROVAL

1. Terms of Payment are Net 30 days. By completing and signing this application, you authorize Prodex to make inquiries into the banking and business/trade references that you have provided.

2. Claims arising from returned items, must be reported to the delivery drive. Shortages/Damages must be reported at time of delivery. No returns accepted without prior office authorization within 24 hours.

3. A service charge of 1.5% per month is applied on all overdue accounts.

**PLEASE NOTE: Should service be terminated or suspended temporarily, all outstanding accounts become due and payable in full effective immediately.**

#### SIGNATURES

#### PRODEX OFFICE USE ONLY

Name (please print): _____	Credit Approval Limit: \$ _____
Signature: _____	New Customer #: _____
Title: _____	Relationship Manager # _____
Date: _____	

