





New Customer Credit Application

 50 Locke Street, Unit 2 | Vaughan, ON | Canada
 Local (905) 669-8871 | Toll Free 1-800-464-5116

 info@corwindistribution.com
 Local (905)669-7057 | Toll Free 1-888-669-7057

Mailing Address

Mailing Address _____
City _____ Province _____ Postal Code _____
Shipping Address (if different) _____
City _____ Province _____ Postal Code _____
Phone () _____ Fax () _____ E-Mail _____

Ownership

Legal Name of Business _____
Store Name (if different) _____
Owner's Name _____ Contact Name (if different) _____
Business License # _____ Tax Exemption # _____

Type of Business (%)

- | | | | |
|--------------------------------------------------|---------|-------------------------------------------------|---------|
| <input type="checkbox"/> Manufacturer/Wholesaler | % _____ | <input type="checkbox"/> Independent Grocery | % _____ |
| <input type="checkbox"/> Grocer | % _____ | <input type="checkbox"/> Specialty Foods | % _____ |
| <input type="checkbox"/> Natural Foods | % _____ | <input type="checkbox"/> Deli/Restaurant/Bakery | % _____ |
| <input type="checkbox"/> Vitamins/Supplements | % _____ | <input type="checkbox"/> Web-based Business | % _____ |
| <input type="checkbox"/> Distributor | % _____ | <input type="checkbox"/> Other (please explain) | % _____ |

I/We certify that all of the information on this form is correct and accurate.

Name (print) _____ Name (signature) _____

Date _____