



J&D FOOD SERVICES

APPLICATION FOR VENDOR ACCOUNT

BUSINESS INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Address:

City:

Prov/State:

ZIP Code:

BUSINESS CREDIT CONTACT INFORMATION

Accounts Receivable Contact Name:

Telephone:

Fax:

E-mail:

Remit to address if different from above

Address:

City:

Prov/State:

ZIP Code:

Discount:

Due Days:

Minimum Qty:

Minimum Type:

Lead Time / Days:

BUSINESS SALES REP INFORMATION

Rep Contact Name:

Rep Phone:

Rep Cell:

Rep Fax:

Rep Email:

PICK UP INFORMATION

Pickup Information:

Address:

City:

Prov/State:

ZIP Code:

Phone:

Fax:

E-mail:

Open Time:

Close Time: