



**Customer Credit Application**

**BUSINESS DETAILS**

LEGAL NAME of COMPANY, INCORPORATION or BUSINESS		BUSINESS OPERATING NAME (If different from Legal Name)			
Street Address	City	Province	Zip	Phone	Fax
Email		Since, how many years in Business?			
Business Owner's FULL NAME		Business Owner's COMPLETE ADDRESS			
Business Owner's HOME PHONE NO.		Business Owner's MOBILE PHONE NO.			

**BANKING INFORMATION**

BANK NAME		BANK ACCOUNT NUMBER			
Street Address	City	Province	Zip		
Your Bank Manager or Financial Advisor		Phone Number			

**CREDIT/BUSINESS REFERENCES**

	Reference# 1	Reference# 2	Reference# 3
Business/Company Name			
Contact Person Full Name			
Address			
City, Province, ZIP			
Email			
Telephone			
Fax			

**DECLARATION**

1. I hereby certify that the above information provided is true and correct
2. By signing below I authorize Al-Ahad Foods Inc. and it's associate partners to verify bank and credit references
3. By signing below, I personally guarantee payment for this business account

Signature: \_\_\_\_\_ Full Name: \_\_\_\_\_

Dated on this (day) ..... of (Month) ..... , (year) ..... in (Town/City)..... of Ontario, Canada

**OFFICE USE ONLY (Do not use)**

CUSTOMER CODE:	ASSIGNED CREDIT CODE:
CREDIT LIMIT:	APPROVED BY:
TERMS:	DATE: