

## Customer Information Form

71 Rosedale Avenue, Unit B1 Brampton, Ontario, L6X 1K4 Tel: 905-874-9882

Toll Free: 1-800-898-7616 Fax: 905-874-0084

E-Mail: sales@goodfoods.ca Website: www.goodfoods.ca

We require the following information to be completed in full for EACH account and returned to us for processing.

All information provided will be kept confidential and is solely for our own use to serve our customers.

School and Delivery Information		All fields are ma	indatory unless not applicable.	
Full Name of School / Program:				
School Board:				
No. Students:				
Delivery Address 1:				
Address 2:				
City:			Province: ONT	
Postal Code:				
School's Telephone:				
School's Fax:				
Type of School / Program (Primary, Seco	ondary, Breakfast, YMCA, et	c.):		
Delivery Access Info for Driver (fridge or	-	c.,.		
location, combination, etc):	Incy			
Billing Information		All fields are ma	ndatory unless not applicable.	
First Name:				
Last Name:				
Personal Title (Mr. Mrs., etc):				
Position / Job Title:				
Billing Address: (if different from delivery address	ss)			
Address 2:				
City:			Province: ONT	
Postal Code:			Trovince. Givi	
Primary Telephone (Please specify home	cell etc.) No. 1:			
Alternate Telephone (Please specify home				
Fax:	ie, cett, etc.) No. 2.			
E-Mail Address for order confirmations:				
Ordering Information - Person Auth	orized to place orders	All fields are ma	ndatory unless not applicable.	
First Name:				
Last Name:				
Personal Title (Mr. Mrs., etc):				
Position / Job Title:				
Primary Telephone (Please specify home	. cell, etc.) No. 1:			
Alternate Telephone (Please specify hom				
E-Mail Address for news and notices:	10, 660, 660, 10, 2,			
Please note that minimum orders are ;	\$100. <u>00 unless we provide</u>	milk for your milk progran	n. Call for details.	
How did you hear about Good Foods?				
Completed by (name):		Signature:		
Date:			I have the authority to create this account and	
		place orders for the school		
For Office Use Only:		Cust. Type:	Entered in: QB:	
QB Acct # / Login ID:	Delivery Zone:	Min. Order:	DB:	
Password: goodfoods	Delivery Day(s):	Credit Limit:	OLOS:	