



SUMMIT SPECIALTY FOODS NEW ACCOUNT APPLICATION

Company Name:	
Contact Name:	
Billing Address:	
Shipping Address:	
City/Town:	
Province/Postal Code:	
Contact Number:	
Accounting E-mail:	
Store E-mail:	
Receiving Hours:	

SUMMIT SPECIALTY FOODS REQUIRES C.O.D ON FIRST ORDER. Please complete the CC info below.

Name on the Card:	
Credit Card Number:	
Expiry Date (mm/yy):	
CVV code:	
Signature of Cardholder:	

METHODS OF PAYMENT AVAILABLE:

E-TRANSFERS --> rachel@summitspecialtyfoods.com
Question: What city are we located in? Answer: Vernon

EFT --> Please email rachel@summitspecialtyfoods.com confirmation notice.

CHEQUES --> Payable to: Summit Specialty Foods, mail to 7916 Graystone, Coldstream, BC, V1B 4A9

CREDIT CARD --> Complete & send back the credit card authorization. We accept Visa & Mastercard.

I, _____, pre-authorize Summit Specialty Foods Ltd. to charge the credit card below for all payments of any purchase orders placed with Summit Specialty Foods. I acknowledge that this authorization applies to payments on an ongoing basis, and will remain in effect starting (M/D/Y) _____ unless otherwise instructed in writing by the credit card holder. Summit Specialty Foods will keep all information on this form confidential.

Signature of Cardholder:	
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If you have any questions please feel free to e-mail or call as per the contact information below.

Shelly Beaton, Accounts Receivable
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