



BUSINESS AGREEMENT

LEGAL COMPANY NAME: _____

WEB SITE : http://www : _____

<p><u>SOLD TO :</u></p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ Prov/State: _____</p> <p>COUNTRY: _____ Postal Code/Zip: _____</p> <p>Tel.# () _____ Fax #: () _____</p>	<p><u>SHIP TO :</u></p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ Prov/State: _____</p> <p>COUNTRY: _____ Postal Code/Zip: _____</p> <p>Tel.# () _____ Fax #: () _____</p>
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YEARS IN BUSINESS: _____ TAX NUMBER: _____

ESTIMATED YEARLY PURCHASES: \$ _____

<p>BUYER'S NAME: _____</p> <p>E-MAIL ADDRESS: _____</p> <p>TEL # : () _____ Fax # : () _____</p>	<p>CONTROLLER'S NAME: _____</p> <p>E-MAIL ADDRESS: _____</p> <p>TEL # : () _____ Fax # : () _____</p>
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<p><u>ACCOUNTS PAYABLE</u></p> <p>CONTACT NAME: _____</p> <p>E-MAIL ADDRESS: _____</p> <p>TEL # : () _____ Fax # : () _____</p>	<p><u>EDI Transactions</u> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>EDI CONTACT: _____</p> <p>E-MAIL ADDRESS: _____</p> <p>TEL # : () _____ Fax # : () _____</p>
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<u>TYPE OF CUSTOMER</u>	
WHOLESALER <input type="checkbox"/>	FOOD SERVICE <input type="checkbox"/>
CHAIN STORE <input type="checkbox"/>	DISTRIBUTOR <input type="checkbox"/>
IMPORTER <input type="checkbox"/>	
COMMENTS: _____	
MEMBER OF A PURCHASE GROUP: <input type="checkbox"/> YES <input type="checkbox"/> NO WHICH GROUP: _____	

<u>SHAREHOLDERS</u>	
NAME: _____	TITLE: _____
ADDRESS: _____	CITY: _____
PROV./STATE: _____ Postal Code / ZIP: _____	TEL #: () _____
COUNTRY : _____	
NAME: _____	TITLE: _____
ADDRESS: _____	CITY: _____
PROV./STATE: _____ Postal Code / ZIP: _____	TEL #: () _____
COUNTRY: _____	

<u>BUILDING OWNER:</u>	
NAME: _____	TEL #: () _____
ADDRESS: _____	CITY: _____
PROV./STATE: _____ Postal Code / ZIP: _____	COUNTRY: _____

REFERENCES

BANK: _____ ACCOUNT #:
ADDRESS : _____ CITY: _____
PROV. / STATE: _____
COUNTRY : _____
NAME OF DIRECTOR: _____ TELEPHONE NO: () _____

SUPPLIERS

NAME: _____ ACCOUNT NUMBER: _____
ADDRESS: _____ CONTACT: _____
CITY: _____ TELEPHONE NO: _____
PROV. / STATE: _____ COUNTRY : _____

NAME: _____ ACCOUNT NUMBER: _____
ADDRESS: _____ CONTACT: _____
CITY: _____ TELEPHONE NO: _____
PROV. / STATE: _____ COUNTRY : _____

NAME: _____ ACCOUNT NUMBER: _____
ADDRESS: _____ CONTACT: _____
CITY: _____ TELEPHONE NO: _____
PROV. / STATE: _____ COUNTRY : _____

BUSINESS AGREEMENT

CREDIT TERMS : wire transfer prior to shipment

I, the undersigned, duly authorized representative of our corporation hereby authorize A. LASSONDE INC., its divisions and affiliates and their proxy to gather all relevant information (from the Banks, suppliers and /or any other sources of information) concerning our credit and solvency for the opening of an account and for maintaining it open and also authorize A.LASSONDE INC to keep that information on file for the duration of our business relationship.

I undertake to inform A. LASSONDE INC., its divisions and affiliates, of any change in the shareholders of the corporation or of any sale of the assets of the corporation without delay.

DATE: _____ (Name of company)

Signature of an authorized person Title Name in print

Signature of Lassonde's sales representative () _____
Reps' telephone number

INTERNAL USE ONLY:

CUSTOMER		APPROVED BY: _____
ACCOUNT NUMBER		CREDIT LIMIT: _____