



# macgregors meat & seafood ltd.



265 Garyray Drive, Toronto, Ontario M9L 1P2 Admin. (416) 749-5951 Fax (416) 740-3230

## Customer Application or Update

### **BUSINESS**

Billing Address

Shipping Address

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Type of Business: \_\_\_\_\_

In operation since: \_\_\_\_\_

Incorporated  
Registered

Partnership  
Concession

Limited Partnership  
Franchise\*

\*Name, address and telephone of the Franchiser: \_\_\_\_\_ Tel: \_\_\_\_\_

### **GENERAL INFORMATION**

Name, address and telephone of the owner or Mortgage holder  
Name of company if other than the company applying:

We are the owner: \_\_\_\_\_

We are tenant: Name of the owner: \_\_\_\_\_ Tel: \_\_\_\_\_

### **BANK**

Name of Institution: \_\_\_\_\_ Tel: \_\_\_\_\_

Bank Manager: \_\_\_\_\_ Tel: \_\_\_\_\_

Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

### **SHAREHOLDERS:** Name, address, date of birth and telephone of shareholders

1) Name: \_\_\_\_\_ Tel: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Tel: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Tel: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

### **EMPLOYEES:** Name and telephone (company) etc.

**BUYER:** \_\_\_\_\_ Tel: \_\_\_\_\_

Accounts: \_\_\_\_\_ Tel: \_\_\_\_\_

### **SUPPLIERS:** Name, telephone, terms and account numbers of your suppliers

1. \_\_\_\_\_ Tel: \_\_\_\_\_ Terms: \_\_\_\_\_ Account #: \_\_\_\_\_

2. \_\_\_\_\_ Tel: \_\_\_\_\_ Terms: \_\_\_\_\_ Account #: \_\_\_\_\_

3. \_\_\_\_\_ Tel: \_\_\_\_\_ Terms: \_\_\_\_\_ Account #: \_\_\_\_\_



