New Customer Information Form

FARM INFORMATION

Farm/Business Name: _____

Legal Name: _____ Date of Birth: ____/____/____ (MM DD YYYY)

Business Partner Legal Name: _____ Date of Birth: ____/____/____ (MM DD YYYY)

Your Type of Farming or Business *(animal species)* _____

Number of Animals: _____ Sales Rep Name: _____

Accounting Contact: _____

Accounting Phone: _____ Email: _____

Pesticide Licence#: _____ Expiry Date: ____/____/____ (MM DD YYYY)

ADDRESSES

BILLING ADDRESS

Please complete Driving Instructions on Page 2

Address *(include 911#)*: _____

County: _____

City/Prov. : _____

Postal Code: _____

Email: _____

Barn Phone #: _____

Cell Phone #: _____

Home Phone #: _____

Fax #: _____

SHIPPING ADDRESS

☐ Same as Billing Address | *Cannot deliver to PO Box or RR #*

Address *(include 911#)*: _____

County: _____

City/Prov. : _____

Postal Code: _____

Email: _____

Barn Phone #: _____

Cell Phone #: _____

Home Phone #: _____

Fax #: _____

ACCOUNT SETUP

Sign-up for the latest news and information from:

☐ Grand Valley Fortifiers ☐ Farmers Depot ☐ Grist Newsletter ☐ Direct Source Commodities

Want help setting up an online shopping account with Farmers Depot?

☐ Yes! Email me a login/password for farmersdepot.ca

Sign-up to receive invoices by email: ☐ Yes ☐ No Email: _____

Sign-up to receive statements: ☐ Email *or* ☐ Print ☐ Not at all

Full details about our email services available at www.grandvalley.com/#email-information

Credit requested? ☐ Yes (Complete Page 3) ☐ No

DRIVING DIRECTIONS

Driving directions: Please write specific **driving directions** to your 911# from major highway.

DELIVERY

Delivery Instructions: Please provide specific delivery instructions for all products: where to leave bags, whom to contact, and what products go in each bin (include bin #'s).

KEY CONTACTS

REMIT ALL PAYMENT TO

CHEQUE

GRAND VALLEY FORTIFIERS
P.O. Box 726
Cambridge, Ontario
N1R 5W6

ONLINE PAYMENT

- Log into your bank and click on "Add billing company"
- Enter company name "Grand Valley Fortifiers" and select.
- Under "Account #" enter your customer ID #, which can be found on an invoice or statement.

CUSTOMER SERVICE

GRAND VALLEY FORTIFIERS
Call: 1-800-567-4400
Text: 519-239-6859
Email: customerservice@grandvalley.com

ACCOUNTS RECEIVABLE
Call: 1-877-625-4400

FARMERS DEPOT:
Call: 1-866-527-6229
Text: 226-868-2721
Email: orders@farmersdepot.ca

DIRECT SOURCE COMMODITIES
Call: 1-877-743-4412
Text: 226-639-6042
Email: info@directsourcec.com

ACCOUNT TERMS

ACCOUNT TERMS:

Invoices are due based on credit terms noted on the invoice which are typically:

- Grand Valley Fortifiers - Net 30
- Farmers Depot - Net 30
- Direct Source Commodities - Net 30 days

Any disputes should be acknowledged within 7 days of delivery. Any invoices over 30 days are considered overdue and are subject to interest of 1.0% charged per month or an annual rate of 12.0% (subject to change). All monies received on past due accounts will be applied first to interest charged and then to the oldest outstanding invoice. GVF/FD reserves the right to limit or withhold credit at any time. In the event of default by the debtor on any term or terms of this agreement, the debtor shall be responsible for any and all costs incurred by the creditor to enforce the agreement, including but not limited to, collection agency costs.

Insufficient Funds Charges

A $45 administration charge will apply if payments are unmet due to insufficient funds.

PAYMENT OPTIONS & TERMS

PAYMENT OPTIONS: *We do no accept credit card payment on trade accounts.*

Please select preferred method of payment:

- ☐ Online banking
- ☐ Cheque
- ☐ EFT - *Contact Credit Department for details.*
- ☐ Pre-Authorized Payment (PAP) - *see below for details + attach an unsigned, "VOID" cheque*

Pre-Authorized Payment Terms

The applicant hereby authorizes GVF to withdraw the amount due in Canadian dollars from its financial institution for GVF invoices. Funds will be withdrawn a minimum of 7 days after the product delivery date. Since the payment amounts will vary, the applicant hereby waives the standard 10-day pre-notification period. The applicant agrees to notify GVF of any changes to banking information. The applicant or GVF has the right to terminate or change the pre-authorized payment method at any time, upon written notification, provided any amounts due are paid directly to GVF.

CREDIT AGREEMENT

CREDIT AGREEMENT:

Credit limit requested: $ _____

The applicant has made a request to GVF for credit and hereby authorizes:

- GVF to obtain from any credit reporting agency any information relating to the applicant which GVF may deem necessary for evaluating the credit worthiness of the applicant.
- Any banker, other lender, or granter of credit to provide GVF account information regarding chequing, loans, lines of credit, security, and related matters, including any information it may have regarding the applicant's financial capacity and financial stability.

GVF fully respects the confidentiality of all credit information received and will use it for credit purposes only.

GVF reserves the right to amend the terms of this agreement as required.

I(We) hereby acknowledge that I(We) have signing authority on behalf of the named company/individual on this day____ of _____ 20_____ and agree to the terms set out in this agreement.

Signature: _____ Name: _____ Title: _____

Partner Signature: _____ Name: _____ Title: _____