



SUN HING FOODS, INC.

271 Harbor Way
South San Francisco, CA 94080
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ACCOUNT OPENING APPLICATION

THIS CONFIDENTIAL REPORT MUST BE COMPLETED ALL PARTS BY ANY NEW CUSTOMER, IN THE EVENT OF CHANGE OF OWNERSHIP OR CHANGE OF FIRM NAME AND PLEASE NOTIFY OUR CREDIT DEPARTMENT AT ONCE.

TERMS OF SALES: AS QUOTED

FOR CANADA CUSTOMERS

COMPANY NAME _____ PHONE # _____

DBA _____ FAX # _____

EMAIL _____

BILLING ADDRESS _____ CITY _____ PROVINCE _____ P.CODE _____

DELIVERY ADDRESS _____ CITY _____ PROVINCE _____ P.CODE _____

HOW IS BUSINESS CLASSIFIED

PROVINCIAL TAX # _____	HARMONIZED SALES TAX # _____	<input type="checkbox"/> SOLE PROPRIETORSHIP
	OR GENERAL SALES TAX # _____	<input type="checkbox"/> PARTNERSHIP
VENDOR PERMIT # _____	BUSINESS ESTABLISHED DATE _____	<input type="checkbox"/> CORPORATION

NAME OF OWNER / OFFICER AND TITLE _____

HOME ADDRESS _____ CITY _____ PROVINCE _____ P.CODE _____

HOME PHONE NUMBER () _____ SOCIAL INSURANCE # _____

EMAIL _____

BANK REFERENCE

BANK NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ CITY _____ PROVINCE _____ P.CODE _____

PHONE NUMBER () _____ FAX NUMBER () _____ CONTACT PERSON _____

EMAIL _____

THREE TRADE REFERENCES PLEASE LIST REFERENCES WITH WHOM YOU HAVE CREDIT HISTORY

COMPANY NAME _____	COMPANY NAME _____	COMPANY NAME _____
CONTACT PERSON _____	CONTACT PERSON _____	CONTACT PERSON _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
CITY, PROVINCE, P.CODE _____	CITY, PROVINCE, P.CODE _____	CITY, PROVINCE, P.CODE _____
PHONE NUMBER () _____	PHONE NUMBER () _____	PHONE NUMBER () _____
FAX NUMBER () _____	FAX NUMBER () _____	FAX NUMBER () _____
EMAIL _____	EMAIL _____	EMAIL _____
ACCOUNT NUMBER _____	ACCOUNT NUMBER _____	ACCOUNT NUMBER _____

NAME OF PERSON REGARDING PAYMENT

NAME _____ PHONE NUMBER () _____

EMAIL _____

DO BILLINGS REQUIRE SPECIAL HANDLING OR MAILING ?

IF YES, GIVE SPECIFIC INSTRUCTIONS _____

OFFICE USE ONLY

DATE REC'D _____

LOGGED IN _____

CUSTOMER KEY _____

SALESMAN _____

THE ABOVE CONFIDENTIAL INFORMATION IS SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT WITH SUN HING FOODS. YOU ARE AUTHORIZED TO CHECK OUR CREDIT AND TO RECEIVE INFORMATION REGARDING OUR CREDIT AND BANKING EXPERIENCE. I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT AND I ACCEPT THE TERMS OF SALES AS STATED ABOVE.

AUTHORIZED SIGNATURE FROM BANK'S RECORD (OWNER/OFFICER) _____

SIGNATURE REQUIRED

NAME & TITLE (PLEASE PRINT) _____

DATE _____

TERMS AND CONDITIONS OF SALES: A \$30.00 SERVICE FEE WILL BE CHARGED FOR EACH RETURNED CHECK. INTEREST CHARGES OF 1.5% PER MONTH (18% PER YEAR) WILL BE APPLIED TO PAST DUE ACCOUNTS.