

SAPUTO DAIRY PRODUCTS CANADA G.P. RESIDENTIAL/PERSONAL CUSTOMER APPLICATION FORM

2365 CH. De La Côte De Liesse, Montreal, QC H4N 2M7

Toll Free Tel #:1-855-756-4684 - Fax #:1-844-861-6126

ardocuments@saputo.com

Applica	ant Name	Date of Birth	
			(MM/DD/YYYY)
Deliver	ry Info:		
Delivery	y Name: Same as Applicant _ OR:		
Delivery	y Address		
City		Postal Code	
Telepho	one # _()	Fax #()	
Email A	ddress	@Online Ordering Req	uired?
Billing I	nfo:		
Billing Address: Same as Delivery OR:			
City		Postal Code	
Telepho	one # ()	Fax # ()	
Pre-Authorized Bank Debit (PAD) (Please complete & attach authorization form) Pre-Authorized CC Payment – Visa/Mastercard (Please complete & attach authorization form)			
I hereby authorize Saputo Dairy Products Canada G.P. (Saputo) and its successors, permission to obtain and update credit information on myself. I further agree to:			
abide by Saputo's payment terms as noted on Saputo's invoices, and			
	y interest charges on overdue items at the voices.	ne annual rate noted on Saputo	
Date	Signato	ure	
Print Na	nme		
СОММЕ	ENTS:		