

- New Account Existing account # _____
 Cash In-store Cheque Privileges Charge Account Pre-Authorized Debit Only

NOTE: If Cash selected complete Sections 1 & 2 / In-store Cheque and Charge PAD must complete all Sections.

SECTION 1: BUSINESS INFORMATION

Legal Business Name: _____

Billing/Street Address: _____ City / Town: _____

Province: _____ Postal Code: _____ Telephone: _____ Fax: _____

Trade Name (if different from Legal): _____

Shipping/Street Address: _____ City / Town: _____

Province: _____ Postal Code: _____ Telephone: _____ Fax: _____

Contact Name: _____ Email: _____

If you provide an email address, as a result of your business membership relationship with Wholesale Club (Loblaws Inc.), you may receive Wholesale Club business membership emails of relevance to your business.

Foodservice

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 1. Pizza | <input type="checkbox"/> 6. Café | <input type="checkbox"/> 11. Street Food | <input type="checkbox"/> 16. Chinese |
| <input type="checkbox"/> 2. Fish & Chips | <input type="checkbox"/> 7. Deli | <input type="checkbox"/> 12. Italian | <input type="checkbox"/> 17. Japanese/Korean |
| <input type="checkbox"/> 3. Breakfast | <input type="checkbox"/> 8. Ice Cream | <input type="checkbox"/> 13. Greek/Mediterranean | <input type="checkbox"/> 18. East Asian - Other |
| <input type="checkbox"/> 4. Casual Dining/Family | <input type="checkbox"/> 9. Fine Dining | <input type="checkbox"/> 14. Mexican | <input type="checkbox"/> 19. Middle Eastern |
| <input type="checkbox"/> 5. Bar/Pub/Lounge | <input type="checkbox"/> 10. Bakery | <input type="checkbox"/> 15. South Asian | |

Other

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> 20. Catering/Events | <input type="checkbox"/> 23. Convenience & Gas | <input type="checkbox"/> 26. Distributors | <input type="checkbox"/> 29. Personal Account |
| <input type="checkbox"/> 21. Seasonal | <input type="checkbox"/> 24. Institutional | <input type="checkbox"/> 27. Professional Services | |
| <input type="checkbox"/> 22. Childcare | <input type="checkbox"/> 25. Health | <input type="checkbox"/> 28. Hotel/Motel | |

SECTION 2: LICENSES / PERMITS / EXEMPTIONS

Business License #: _____

Provincial Tobacco Permit #: _____ Expiry Date: _____

Provincial Liquor Permit #: _____ CDC Permit#: _____

GST/HST #: _____ Provincial Sales Tax Exemption #: _____

SECTION 3: BUSINESS / OWNER / BANK INFORMATION

BUSINESS:

Business Entity (check appropriate box): Proprietorship Partnership Corporation Non-Profit _____ (Registration #)

How Long Business in Operation? _____ Yrs How Long Current Ownership Active? _____ Yrs

Name of Parent and/or Affiliated Company: _____

OWNER(S) / PRINCIPAL(S): (For Multiple Partners – if more than 2 please attach additional sheet(s) with additional details)

Name1: _____ Position: _____

Address: _____ City / Town: _____ Province: _____

Postal Code: _____ Telephone: _____ Fax: _____ Cell: _____

Social Insurance Number: _____ Date of Birth (yyyy/mm/dd): _____

Name2: _____ Position: _____

Address: _____ City / Town: _____ Province: _____

Postal Code: _____ Telephone: _____ Fax: _____ Cell: _____

Social Insurance Number: _____ Date of Birth (yyyy/mm/dd): _____

