



美國 廣東食品公司  
CANTON FOOD CO.

750 S. ALAMEDA ST., LOS ANGELES, CA 90021-1624

Tel: (213) 688-7707 Fax: (213) 688-1121 Email: [Corporate@cantonfoodco.com](mailto:Corporate@cantonfoodco.com)

OFFICE USE: NEW  UPDATE  CUST# \_\_\_\_\_

OLD CUST # (If any) \_\_\_\_\_ IS OLD CUST:  FB or  NON FB

OLD BUSINESS NAME: \_\_\_\_\_

\*\*Required

**BUSINESS NAME\*\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Business Address\*\*:** \_\_\_\_\_ (No P.O. Box / Out of State Address will be Accepted)

**City\*\*:** \_\_\_\_\_ **State\*\*:** \_\_\_\_\_ **Zip Code\*\*:** \_\_\_\_\_

**Mailing Address (NO P.O. BOX):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**BUSINESS TELEPHONE NO\*\*:** ( ) \_\_\_\_\_ **FAX NO:** ( ) \_\_\_\_\_

**E-MAIL ADDRESS\*\*:** \_\_\_\_\_

**TYPE OF BUSINESS: PLEASE CHECK ONE**

**RESTAURANT / CATER** *please circle one of the following food served:* AMERICAN /ASIAN /MEXICAN /OTHER \_\_\_\_\_

WHOLESALE  DISTRIBUTOR  GROCER  MANUFACTURER  OTHER \_\_\_\_\_

**A COPY OF THE LICENSES MUST BE PROVIDED FOR OUR RECORDS TO BE SALES TAX EXEMPTED**

CALIFORNIA RESALE Permit: \_\_\_\_\_ Issued Date: \_\_\_\_\_  Resale Certificate\*\*  
(Signature must be on resale certificate)

BEER AND WINE License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Both resale permit & certificate must be provided to be sales tax exempted)

BUSINESS License\*\* (Address must match business address / Name / Owner): \_\_\_\_\_

**The following must be filled out, only if customer plans to pay for their purchases by company/business check from a California bank. The undersigned guarantee the obligation of the above name and assume full responsibility for the payment of any unpaid obligations. A COPY OF DRIVER LICENSE MUST BE PROVIDED FOR OUR RECORD. IF OUT OF STATE DRIVER LICENSE THEN A CALIFORNIA RESIDENT ADDRESS MUST BE PROVIDED. NO P.O.BOX ADDRESS ARE ACCEPTED**

**CONTACT NAME:** \_\_\_\_\_ **TITLE/POSITION:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**Authorized Signature on Check:** \_\_\_\_\_

**Print Name\*\*:** \_\_\_\_\_ **Title / Position** \_\_\_\_\_

**California Driver License Number\*\*:** \_\_\_\_\_ **Expiration Date\*\*:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Federal Tax I.D. Number** \_\_\_\_\_

**Current Home Address (NO P.O. BOX) \*\*:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone Number\*\*:** ( ) \_\_\_\_\_ **Cell Phone Number:** ( ) \_\_\_\_\_

**Please Provide Copy of Void Check: (Must be a CALIFORNIA BANK or INSTITUTION)**

**Bank/Financial (Business) Institution Name:** \_\_\_\_\_

**Business Checking Account Number: (1) \_\_\_\_\_ (2) \_\_\_\_\_**