

ITALCO

FOOD PRODUCTS, INC.

NEW CUSTOMER APPLICATION

Please fill out and return your complete application via email or fax then place the original in the mail to:

1340 S. Cherokee St. Denver, CO 80223 Phone: 303-722-1882 Fax: 303-722-1982

newaccounts@italco.com

Welcome to Italco Food Products, Inc.!

Once we have received this signed New Account form, we will set your company up in our system and begin building your order guide of amazing food.

A few things to get us started...

- Once all information is provided on the account application, your account will be set up.
- **THE FIRST 3 ORDERS ARE COD**. This will establish a baseline of good payment terms with us. We are happy to take payment via Cash, Check, or Credit Card. Additional payment methods are available upon request.
- Terms will be considered by Italco Food Products, Inc. after the first 3 COD orders are delivered and paid in full. The Personal Guarantee must be signed by an officer or representative of the company for terms to be granted.

When credit is approved and established, the following credit terms will apply:

- Payment of an Open Credit Account is due and payable on the "Payment Due" date on your invoice.
- Italco Food Products Inc. reserves the right to change your payment terms to COD based on credit references and payment history.
- A finance charge of 1.75 % per month (21% APR) will be accessed to all 30 day plus balances.
- If the monthly statement shows a 45 day balance due and this amount has not been paid by the 15th of the month in which the statement is received, the account will be subject to collection procedures by our Legal Department.
- For each NSF check that our bank notifies us of, there will be a charge of \$20.00 for the first notification and \$40.00 for the second notification.

Because we provide Credit Terms it is important that we have these rules in place to keep all of us moving in a positive direction. We look forward to answering any questions you have regarding these terms.



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OFFICE USE ONLY
Customer ID:
Salesperson:
Route: Stop:
Date Of First Order:
Delivery Hours: to AM to PM
Special Instructions:
C. Landau A. C.
Sales Mar Approval: Date:

ACCOUNT INFORMATION

Legal Business Name (II	ncorporated No	ame):			
Doing Business As:					
Billing Address:			City: _	State: _	Zip:
Delivery Address:			City: _	State: _	Zip:
Phone: ()		Date Compo	any Established: 1	Month Date	Year
Federal Tax ID:		State Tax ID:		City Resale Tax ID:	
Purchasing Contact: _					
	Name		Phone	Emai	I
Accounting Contact: _					
	Name —		Phone	Emai	
Type Of Entity (Check (One): Corp	oration Partnership	Sole Proprieto	orship Other:	
Owner, Partner, Officer	:				
	Name		Phone	Emai	I
Owner, Partner, Officer	:				
Torrela Dafarrara	Name		Phone	Emai	I
Trade References					
1) Name:		_ 2) Name:		3) Name:	
Address:		_Address:		Address:	
Contact Person:		_Contact Person:		_Contact Person:	
Phone: ()		_Phone:()		_ Phone: () _	
Email:		Email:		.Email:	
Bank Reference					
Bank Name:			Phone: (_)	
Address:			. Contact Person		



AGREEMENT

The undersigned applicant hereby applies to Italco Food Products, Inc. for credit and/or to update and reconfirm his existing accounts and balances with Italco. If credit is granted, applicant promises to pay all bills when rendered. In the event payment is not made and this account is referred for collection, applicant will pay all costs of collection. Applicant further understands that interest on any unpaid balance will be charged at the rate of 21% per annum. If suit or action by an attorney is instituted, applicant promises to pay reasonable attorney fees and expenses incurred in bringing such suit or action. It is specifically understood that all billing, accounts receivable and credit functions are processed through Italco head-quarters in the City and County of Denver, Colorado. Consequently, it is understood that in the event of suit or action, same shall take place in Denver County, Colorado. Applicant understands it is waiving the right to litigate any issue arising out of this agreement outside of Denver County, Colorado. Applicant gives its permission to Italco and/or its agents to verify and/or supplement the information stated on this form.

	Name of Applicant:	Date:	
	By: Owner/Corporate Officer(s)/Pa	ortner	
	Owner/Corporate Officer(3)/11	ai ii iei	
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Signature	of Owner/Officer/Partner	Deter	
		Date:	
		Data	

Position:

Position:

Printed Name and Position Held:



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Email For Newsletter		

Help Us Help You!

What products are you interested in securing from Italco Food Products, Inc.	. ś
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1)			
2)			
3)			

Thank you for choosing Italco Food Products, Inc. to be your specialty food purveyor. We look forward to working with you and appreciate your business!

