



FINE FOODS - EST. 1979

NEW ACCOUNT APPLICATION

GENERAL COMPANY INFORMATION

COMPANY BUSINESS NAME :				
COMPANY LEGAL NAME:		_Corporation	_Partnership	_Proprietorship
DELIVERY ADDRESS:				
CITY:	PROVINCE:	COUNTRY:	POSTAL CODE:	
PHONE:	FAX:	EMAIL:		
BILLING ADDRESS:				
CITY:	PROVINCE:	COUNTRY:	POSTAL CODE:	
PHONE:	FAX:	EMAIL:		
ACCOUNTS PAYABLE CONTACT:			YEARS IN BUSINESS:	
How did you hear about Caffé de Medici Fine Foods?				

ACCOUNT REPRESENTATIVES (PLEASE LIST ALL PERSONNEL AUTHORIZED TO ORDER ON ACCOUNT)

NAME:	TELEPHONE:	EXT:
NAME:	TELEPHONE:	EXT:
NAME:	TELEPHONE:	EXT:

OWNERSHIP OF BUSINESS (Partners or Company Principals)

NAME:	ADDRESS:	TITLE:
NAME:	ADDRESS:	TITLE:
GST #:		

CREDIT REFERENCES

1) COMPANY NAME:	TELEPHONE:
2) COMPANY NAME:	TELEPHONE:
3) COMPANY NAME:	TELEPHONE:

BANKING INFORMATION

BANK NAME:	ACCOUNT NUMBER:
CONTACT:	TELEPHONE:
ADDRESS:	FAX:

TERMS

NET 15 DAYS UPON CREDIT APPROVAL. INTEREST AT 2% PER MONTH WILL BE CHARGED ON OVERDUE ACCOUNTS.		
<i>// We agree to authorize Caffé de Medici Fine Foods Ltd. to obtain necessary credit information through the references provided.</i>		
<i>// We guarantee payment in accordance with the terms stated in this credit application.</i>		
SIGNATURE:	NAME & TITLE:	DATE:

FAX: 604.697.9100

Orders are processed by phone, fax, or emailed to orders@caffedemedici.com.
If you have any questions or concerns, please feel free to call 604.669.9322 to speak to a representative.
Thank you for choosing Caffé de Medici Fine Foods!