



**CUSTOMER ACCOUNT APPLICATION**

FULL LEGAL COMPANY NAME: CORPORATION L.L.C.

D/B/A: PARTNERSHIP

MAILING ADDRESS: PHONE:

CITY: STATE: ZIP CODE: EMAIL:

DELIVERY ADDRESS: MAIN CONTACT:

CITY: STATE: ZIP CODE: FED TAX ID:

**COMPANY OFFICERS OR PARTNERS**

NAME: SSN#: TITLE:

ADDRESS:

CITY: STATE: ZIP CODE:

NAME: SSN#: TITLE:

ADDRESS:

CITY: STATE: ZIP CODE:

**REQUESTED METHOD OF PAYMENT**

CREDIT CARD ON FILE: COD: INVOICE TO INVOICE: \*WEEKLY: \*NET TERMS:

**\* IF SELECTING A CREDIT BASED TERM PLEASE FILL OUT THE ADDITIONAL INFORMATION ON THE FOLLOWING PAGE**

**ACCOUNT AGREEMENT**

THE UNDERSIGNED (THE "APPLICANT") HEREBY CERTIFIES THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE.

THE APPLICANT AGREES TO PAY INTEREST AT THE RATE OF ONE AND ONE HALF PERCENT (1 1/2%) PER MONTH ON ANY UNPAID OUTSTANDING BALANCE WHICH IS NOT REMITTED TO THE COMPANY'S INVOICES AND STATEMENTS.

THE APPLICANT AGREES THAT IN THE EVENT THEIR ACCOUNT IS PLACED IN THE HANDS OF A COLLECTION AGENCY OR AN ATTORNEY, THE APPLICANT WILL PAY ALL COLLECTION COSTS AND EXPENSES INCURRED BY THE COMPANY INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES EQUAL TO TWENTY FIVE PERCENT (25%) OF THE BALANCE DUE. IN THE EVENT ANY CHECK IS RETURNED BY THE BANK AS INSUFFICIENT OR UNCOLLECTED, THE APPLICANT AGREES TO PAY A SERVICE CHARGE IN THE AMOUNT OF \$50.00 FOR EACH CHECK THAT IS RETURNED OR NOT PAID.

**THE APPLICANT ALSO AGREES TO NOTIFY B. GIAMBRONE & COMPANY INC, OF ANY CHANGES IN THEIR BUSINESS OR OWNERSHIP WHICH WOULD AFFECT THEIR RELATIONSHIP WITH B. GIAMBRONE & COMPANY INC.**

**SIGNATURE BELOW TO BE EXECUTED BY AN OWNER OR AUTHORIZED REPRESENTATIVE.**

SIGNATURE: DATE:

NAME (PRINTED) TITLE:



**ADDITIONAL INFORMATION NEEDED FOR CUSTOMERS REQUESTING CREDIT**

THE UNDERSIGNED APPLICANT HEREBY AUTHORIZES B.GIAMBRONE & COMPANY INC. TO OBTAIN CREDIT INFORMATION FROM ANY SOURCE AND DOES FURTHER AUTHORIZE THOSE CREDIT SOURCES TO PROVIDE INFORMATION TO THE COMPANY.

ESTIMATED MONTHLY PURCHASES: \$

AMOUNT OF CREDIT REQUESTED: \$

SIGNATURE:

DATE:

NAME (PRINTED)

TITLE:

**CREDIT REFERENCES  
(NO LIQUOR SUPPLIERS PLEASE)**

BUSINESS NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

BUSINESS NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

BUSINESS NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

**CREDIT ACCOUNT MUST REMAIN WITHIN TERMS AND ISSUED CREDIT LIMIT, IF ACCOUNT FALLS OUTSIDE EITHER OF THESE TERMS THE ACCOUNT WILL BE PLACED ON CREDIT HOLD. CUSTOMER ORDERS WITH THEIR ACCOUNT ON CREDIT HOLD MUST BE PAID COD OR BY CREDIT CARD UPON DELIVERY.**

**GUARANTEE**

IN ORDER TO INDUCE THE COMPANY TO EXTEND CREDIT TO THE APPLICANT HEREIN, THE UNDERSIGNED (THE "GUARANTOR") HEREBY, PERSONALLY AND UNCONDITIONALLY GUARANTEES TO THE COMPANY THE FULL AND PROMPT PAYMENT OF THE ABOVE APPLICANT'S ACCOUNT, INCLUDING ANY AND ALL INTEREST AND COLLECTION COSTS AND EXPENSES OUTLINED IN THE ABOVE ACCOUNT AGREEMENT (COLLECTIVELY THE "OBLIGATIONS"). THE GUARANTOR HEREBY AGREES THAT UPON ANY DEFAULT BY THE APPLICANT IN PAYING OR PERFORMING ANY OF THE OBLIGATIONS, THE GUARANTOR WILL PROMPTLY PAY OR PERFORM THE SAME. THE GUARANTOR HEREBY WAIVES NOTICE OF ACCEPTANCE, PROTEST OF DEMAND, AND HEREBY CONSENTS IN ADVANCE TO ANY EXTENSION OR MODIFICATION OF TERMS OF SALE TO OR AMOUNT DUE FROM THE APPLICANT, WITHOUT NOTICE.

GUARANTOR'S SIGNATURE:

DATE:

NAME (PRINTED)

ADDRESS:

EMAIL:

CITY:

STATE:

ZIP CODE:

TELEPHONE:

# **B. Giambrone & Co.**

DISTRIBUTOR OF QUALITY FOOD PRODUCTS  
SINCE 1904



## **CREDIT CARD ON FILE FORM**

COMPANY NAME: \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CARD BILLING ADDRESS \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TYPE OF CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SECURITY CODE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**KEEP CARD ON FILE**

**ONE TIME CHARGE**

**AMOUNT**