



CATANESE CLASSICS  
1600 Merwin Ave. Cleveland, Ohio 44113  
Phone 216-696-0080

## New Account Information

Business Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Chef/ Kitchen Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Owner/ General Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Sales Rep: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

## Delivery Information

Main Delivery Contact: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Expected First Delivery Date: \_\_\_\_\_ Route: \_\_\_\_\_

Delivery Days: M T W TH FR SAT

Requested Delivery Window Time: \_\_\_\_\_

### Delivery Instructions:

Front Door  Back Door  Delivery  Drop Key  Stop Side  Door

### Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*A credit application must be filled out to receive terms. Trade references must be food vendors. A determination of terms will be made up on responses from the trade references provided. New accounts will be 7 Days until terms are determined.*



CATANESE CLASSICS

## Catanese Classics Credit Application

Please provide us with the information listed below and return to ar@catanese Classics.com. This will enable us to expedite your future orders. Catanese Classics looks forward to doing business with you.

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doing Business As: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: Corporation  Partnership  Sole Prop  Other: \_\_\_\_\_

List Names and Titles of Corporate Officers, Partners, or Owners:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **Bank Information:**

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Trade References:**

Please list name of at least two food vendors, a contact name, fax number and telephone number. Thank you.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I Authorize our bank(s) and creditors to furnish financial information required by Catanese Classics in connection with this application for credit. We certify that the above information is true and authorize Catanese Classics to investigate the information above for purposes of obtaining merchandise on credit or paying a COD purchase with a company check. In consideration of personal benefits accruing to me I guarantee payments of all correct charges to the business and if for any reason this account is not paid when due I/We will be personally responsible for the payment of all service charges, collection fees and reasonable attorney and court costs.

TERMS: Credit terms are stated on the invoice under "terms". Invoices not paid according to terms will be subject to 1.5% per month finance charges or the maximum amount allowed under the law.

\_\_\_\_\_  
Signature Title Print Name Date