



Restaurant *Credit Application*

BUSINESS CONTACT INFORMATION

Company Name (Holding) _____
Contact/Title _____
Doing Business As (Restaurant) _____
Phone/Fax _____
Registered Company Address _____
City/State/Zip _____

BILLING INFORMATION

Invoice Mailing Address _____
Invoice Email Address _____
Accounts Payable Contact _____
AP Contact Phone _____
AP Contact Email _____

SHIPPING INFORMATION

Shipping Address _____
Shipping Contact Name _____
Shipping Contact Phone _____
Shipping Contact Email _____
Receiving Hours _____
Delivery _____
Notes: _____

AGREEMENT

1. All invoices are to be paid Cash On Delivery (C.O.D.) until the credit application is completed and returned to Sogno Toscano Inc. _____ Client Initials
 2. Upon approval, all invoices are to be paid net 7 14 days or C.O.D. as per your agreement. (Please check one) _____ Rep Initials
 3. By submitting this application, you authorize Sogno Toscano Tuscan Dream, Inc. to make inquiries into the banking and business/trade references that you have supplied.
- Special Requests:** _____

AUTHORIZED SIGNATURES

Signature _____
Name and Title _____
Date _____

Signature _____
Name and Title _____
Date _____