



Restaurant *Client Application*

BUSINESS CONTACT INFORMATION

Company Name (Registered Company Name) _____

Contact/Title _____

Doing Business As (Restaurant Name) _____

Phone/Fax _____

Registered Company Address _____

City/State/Zip _____

Reseller Certificate Number (Required) _____

Email Copy of Reseller Certificate to: accounting@sognotoscano.com (do NOT use this email for any other purpose.)

BILLING INFORMATION

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: _____

ORDERS & PAYMENTS PORTAL

All email addresses on this application will have access to the ordering and payment portal, unless specified here: _____

AGREEMENT

1. All invoices are to be paid Cash On Delivery (C.O.D.) until the client 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 agree to all invoice costs, terms, and conditions as set forth by Sogno Toscano Tuscan Dream, Inc.

Special Requests: _____

AUTHORIZED SIGNATURES

Signature _____

Name and Title _____

Date _____

Signature _____

Name and Title _____

Date _____