



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) _____

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.

PAYMENT OPTIONS

*** To protect our clients and reduce fraudulent activity and delays, we only accept payment using ACH, Credit Card, Online Portal (no checks) ***

AUTHORIZED SIGNATURES

Signature _____	Signature _____
Name and Title _____	Name and Title _____
Date _____	Date _____