MARCELLI FORMAGGI™

ORGANIC FARMSTEAD CHEESE & SPECIALTY PRODUCTS FROM ABRUZZO, ITALY

NEW ACCOUNT APPLICATION

CORPORATE NAME :

D/B/A—TRADE NAME :

STREET ADDRESS :

CITY : **STATE :** **ZIP CODE :**

PHONE NUMBER :

FAX NUMBER :

CONTACT NAME :

CONTACT NUMBER :

CONTACT EMAIL :

TYPE OF BUSINESS : ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP

YEARS IN BUSINESS :

OTHER LOCATIONS—D/B/A :

OFFICE/PARTNERS OR OWNERS :

NAME : CELL PHONE :

NAME : CELL PHONE :

CREDIT CARD NUMBER :

TYPE : EXPIRATION DATE : SECURITY CODE :

ACCOUNTS PAYABLE CONTACT INFORMATION :

NAME : PHONE NUMBER :

EMAIL :

HOW TO SEND?

Mail completed form to P.O. Box 508, Wayne, NJ 07474
OR send via email to info@marcelliformaggi.com

BANK REFERENCES

BANK NAME :

BRANCH : ACCOUNT NO. :

ADDRESS :

CONTACT : EMAIL :

PHONE : FAX :

TRADE REFERENCES

NAME : PHONE : EMAIL :

ADDRESS :

NAME : PHONE : EMAIL :

ADDRESS :

TERMS AND CONDITIONS OF SALE

The undersigned purchaser agrees to the following conditions:

1. **To provide a valid credit card in this application to guarantee account approval.**
2. To pay all invoices within the terms of the contract of 14 days or other terms granted.
3. I authorize payment by listed credit card of any unpaid invoices that are older than 90 days.
4. To pay all reasonable costs (including attorney fees of 25%, court costs, and collection fees) incurred by Marcelli Formaggi in attempting to collect the amount due.
5. Any change of ownership will render this credit approval null and void.
6. I have read and understand and agree to abide by the terms and conditions for credit with Marcelli Formaggi.
7. I authorize inquiry as to credit information.
8. I certify that the information given on this form is true and correct to the best of my knowledge.

PRINTED NAME :

TITLE :

SIGNED : DATE :

(Individually & as an officer of the corporation)

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