

Specialty Food Purveyors
50 Division Place Brooklyn, NY 11222
Tel. (718) 963-0300 Fax. (718) 963-2207
Sales@avantispecialtyfood.com

Date: _____

FEDERAL TAX ID # _____

CORPORATION NAME/TRADE STYLE (D/B/A'S IF ANY): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE # _____ FAX # _____

PRINCIPAL #1: _____

NAME OF PRINCIPAL	ADDRESS	CITY, STATE, ZIP	TELEPHONE
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PRINCIPAL #2: _____

NAME OF PRINCIPAL	ADDRESS	CITY, STATE, ZIP	TELEPHONE
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CORPORATION PARTNERSHIP INCORPORATED WITHIN THE LAST 12 MONTHS

BANK INFORMATION:

NAME OF BANK: _____

ADDRESS: _____

ACCOUNT # _____ CONTACT PERSON: _____ PHONE# _____

TRADE REFERENCE:

COMPANY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE # _____

FAX# _____

CONTACT PERSON: _____

TRADE REFERENCE:

COMPANY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE # _____

FAX# _____

CONTACT PERSON: _____

TRADE REFERENCE:

COMPANY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE # _____

FAX# _____

CONTACT PERSON: _____

TRADE REFERENCE:

COMPANY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE # _____

FAX# _____

CONTACT PERSON: _____

SIGNATURE OF PRINCIPAL #1: _____

SIGNATURE OF PRINCIPAL #2: _____

IN THE EVENT THAT THE ABOVE LISTED ENTITY FAILS TO MEET THE PAYMENT TERMS, I (SIGNATORY) ACCEPT THE LIABILITY ON BEHALF OF _____ (CORPORATION NAME), AND AM AUTHORIZED TO DO SO, AS THE PRESIDENT (TITLE), FOR THE COST OF COLLECTION INCLUDING ATTORNEY/ COURT & ENFORCEMENT FEES IN THE AMOUNT OF 25% OF THE BALANCE DUE. PAYMENT TERMS SHALL BE SPECIFIED ON THE BILL OF SALE/INVOICE AND IT SHALL NOT EXCEED 30 DAYS NET.