



Cioffi's Meat Market and Deli
 Wholesale Division
 4142/4156 Hastings Street, Burnaby BC, V5C 2J4
 Tel: 604-318-5506 Fax: 604-299-6000
wholesale@cioffisgroup.com

Credit Application Form

Customer must read and sign all 4 pages
Applications Without The Required
Signatures Will Be Rejected

Trade Name of Business: _____
 Corp. Name of Business: _____
 Mailing Address: _____
 City: _____
 Postal Code: _____ Phone #: _____ email address _____

Ship to Address: _____
 Purchaser's Name: _____
 Tax Info: PST: _____ GST: _____

Owners and Partners:

	Name	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____

Type of Business:

Proprietorship Partnership Corporation

Number of Years in Business: _____ Number of Branches: _____

Do you: Own Lease Your Work Premises?

If leased, please provide landlord's information:

Name: _____ Address: _____ Phone #: _____
 Expected monthly Purchases: _____

Do you carry insurance Yes No
 Do you have financial Statements available upon request: Yes No

References:

	Name	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(Required)



Cioffi's Meat Market and Deli
 Wholesale Division
 4142/4156 Hastings Street, Burnaby BC, V5C 2J4
 Tel: 604-318-5506 Fax: 604-299-6000
wholesale@cioffigroup.com

Bank Information:

Bank: _____ Branch: _____

Telephone#: _____ Contact Name: _____

Accounts Payable Information:

Name: _____ Telephone #: _____ email address _____

How would you like to receive the month end statement? By Email Fax Mail (please circle)

Delivery information/requests

Preferred delivery time (please circle)

- 11 AM to 2 PM
- 2 PM to 6 PM

The restaurant is closed _____

Special delivery requests (please indicate if the restaurant prefers delivery in the alley or front door, or other instructions that would expedite the delivery time)

Delivery Rules

1. Orders for same day deliveries must be placed before **9 30 am** – the order will be automatically an afternoon delivery (2 pm to 6 pm)
2. Special EARLY deliveries (before 11 am) must be placed the previous day by 11 AM

(Required)



Cioffi's Meat Market and Deli
 Wholesale Division
 4142/4156 Hastings Street, Burnaby BC, V5C 2J4
 Tel: 604-318-5506 Fax: 604-299-6000
wholesale@cioffisgroup.com

Credit Agreement- General terms and conditions

I, _____ (first and last name), as owner of _____ (business name), hereby personally and unconditionally guarantee the payment of any debts which may accrue from the date written below to Cioffi's Meat Market and Deli Ltd. I understand that in consideration for this personal guarantee, Cioffi's Meat Market and Deli Ltd. will sell merchandise to and extend credit to _____ (business name). I acknowledge that this personal guarantee of credit is binding upon me as an individual for any payments that are dishonored or denied for any reason. This guarantee shall continue until such time as I give Cioffi's Meat Market and Deli Ltd. written notice of revocation by registered mail and all outstanding debts have been paid in full. I agree to be bound by the terms and conditions of this application and those of any Cioffis invoice. All information provided in this application is given for purposes of establishing an account with Cioffi's Meat Market and Deli Ltd. and is true and accurate.

Credit Limit Requested: _____

Credit Limit Granted: _____

Signed: _____ Date: _____

Witness: _____ Date: _____

Authorized Cioffi's Signature: _____ Date: _____

- Terms are net 30 days from date of invoice.
- There will be an \$80.00 administration fee for NSF cheques.
- We reserve the right to withhold orders until past-due invoices are paid in full.
- Any returns or refunds must be accompanied by an invoice number submitted within 15 days of the invoice date.

I, _____, authorize Cioffi's Meat Market and Deli to perform any credit checks it considers necessary and/or reasonable in order to grant this credit application.

Owner's Signature

(Required)



Cioffi's Meat Market and Deli
Wholesale Division
4142/4156 Hastings Street, Burnaby BC, V5C 2J4
Tel: 604-318-5506 Fax: 604-299-6000
wholesale@cioffisgroup.com

*Cioffi's Meat Market and Deli
Credit Card Pre-Authorization Application*

Restaurant Name:

Owner/Proprietor Name:

Address:

Telephone Number:

Visa/ Mastercard Number:

Expiry:

CVV2 Number (on back of Card):

I, _____ hereby authorize Cioffi's Meat Market and Deli to process payments for my wholesale account via Visa or Mastercard. In doing so I accept that Cioffi's can process outstanding debts on my account without verbal authorization each time. I accept that Cioffi's reserves the right to terminate this contract at any time and can request payment via another means for any outstanding debts on my account.

Our payment terms are either **per invoice, weekly, bi-weekly or monthly**. (Please circle appropriate box)

Signature:

Date:

Witness:

Date:

Cioffi's Meat Market Authorized Signature:

(Required)