



Cioffi's Meat Market and Deli - Wholesale Division
#2-3153 Thunderbird Cres, Burnaby BC V5A3G1
Tel: 604-294-6328 Fax: 604-420-3531
Receivables@cioffigroup.com - www.cioffigroup.com

sales representative name: _____
customer level: _____
Account# _____

Cioffi's Account Application Form

1) Applicant Information:

Trade Name of Business: _____

Corp. Name of Business (If applicable): _____

Business Number (CRA): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

A) **Owners and Partners:**

Name: _____ Email Address: _____ Phone #: _____
1- _____

2- _____

Number of Years in Business: _____ Number of Locations: _____

B) **Work Premises (check one):**

- Owned
- Leased

If leased, please provide landlord's information:

Name: _____ Address: _____ Phone #: _____

Is the Business insured? (Circle one): Yes No

C) **References:**

Name of Business	Contact Name	Address	Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

2) Accounts Payable Information:

Accounts Payable Name: _____ Telephone #: _____

Email Address (For Credits and Statements): _____

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. Signed: _____

How would you like to receive your statement? 1- Mail 2-E-Mail



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3) Credit Agreement

• **Credit Limit Requested:** _____

• **Check off the term and payment option box below:**

- PREPAID: Cheque / Cash / Credit Card (on file)
- Weekly Payment: Charge account weekly outstanding balance by the CC
- Bi-Weekly Payment: CC/ Cheque / E-Transfer/ EFT
- Monthly payment: Cheque / E-Transfer/ EFT

• **Note:**

- There will be a \$45.00 administration fee for NSF cheques.
- We reserve the right to withhold orders until outstanding invoices are paid in full.

• **Type of Business (Check one):**

- Proprietorship or Partnership
- Corporation

Proprietorship and Partnership

I, _____ (name and last name), as owner/co-owner of _____ (business name), hereby personally and unconditionally guarantee the payment of any debts which may accrue from the date of application 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 Cioffi's Invoice.

Corporation

I, _____ (name and last name), as an authorized employee with signing authority of _____ (corporation), hereby guarantee the payment of any debts of the aforementioned corporation to Cioffi's Meat Market and Deli Ltd that may accrue starting from the date of application. I acknowledge that as a signing authority of _____ (corporation) that this corporation is liable 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. wrote a notice of revocation of signing authority by registered mail, and all outstanding debts have been paid in full. Our corporation agrees to be bound by the terms and conditions of this application and those of Cioffi's invoices.

Signature (Required): All information provided in this application is true and accurate.

Signed: _____ **Print Name:** _____ **Date:** _____



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Orders & Delivery Information/Requests

By accurately completing this form, you will help us to increase the efficiency of our deliveries to your Business.

Delivery Address

Primary Phone # (For deliveries): _____ Orders Phone #: _____
 Secondary Phone # (For deliveries): _____ Orders Phone #: _____
 Primary Contact Name (For deliveries): _____
 Address: _____ Email Address: _____
 City: _____ Province: _____ Postal Code: _____

Preferred delivery time (please circle)

- 10 AM to 01 PM
- 01 PM to 05 PM

The restaurant is closed: Mon Tus Wed Thru Fri Sat Sun

Hours of operation: _____

Is the Business closed during statutory holidays? **Yes** **No**

Special delivery requests (please circle):

- Delivery in the alley (add any notes/codes/instructions):

- Delivery through the front door (add any notes/codes/instructions):

- Other instructions that would expedite the delivery time:

Delivery Protocols:

1. Deliveries are made Monday – Saturday. Certain zones may have specific delivery days and times.
2. There are Three Delivery Windows: Early, AM, and PM.
 - Orders for same-day deliveries must be placed before **9 30 am** – All orders placed for same-day delivery will be automatically an afternoon delivery (2 PM to 6 PM).
 - Special **EARLY** deliveries (before 11 AM) must be placed **the previous day** by 11 AM.

INCOMPLETE APPLICATIONS WITHOUT THE REQUIRED SIGNATURES WILL BE REJECTED



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right to charge a fuel surcharge as applicable.

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

We accept Visa, MasterCard and American Express.

Business Name: _____

Contact Telephone Number: _____

Contact Email Address: _____

Card Type

- Visa
- MasterCard
- American Express

Name on Credit Card: _____

Credit Card Number: _____

Expiry: Month: _____ Year: _____

CVV2 Number (located on the back of Card): _____

I _____ hereby authorize Cioffi's Meat Market and Deli to process payments for my wholesale account via credit card. In doing so, I accept that Cioffi's can process outstanding debts on my account without verbal authorization for each transaction. 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.

Printed Name: _____

Signature: _____

Date: _____