



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

Cioffi's Credit Application

INCOMPLETE APPLICATIONS WITHOUT SIGNATURES WILL BE REJECTED

1. Applicant Information:

Trade Name of Business: _____
 Corp. Name of Business (If applicable): _____
 Business Number: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

Shipping Address (If different from above):
 Primary Phone # (For deliveries): _____ Secondary Phone #: _____

Primary Contact Name: _____ Email Address: _____

City: _____ Province: _____ Postal Code: _____
 Primary Phone # (For deliveries): _____ Secondary Phone #: _____

Owners and Partners:

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

Type of Business (check one):

- A. Proprietorship or Partnership
- B. Corporation

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

Work Premises (check one):

- Owned
- Leased

If leased, please provide landlord's information:

Name: _____ Address: _____ Phone #: _____



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Do you carry insurance? (circle one): Yes No

References:

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

Bank Information:

Bank: _____ Branch: _____ Transit: _____ Account: _____
 Tel#: _____ Contact Name: _____ Branch Fax # (Required): _____

Do you have Financial Statements available upon request: Yes No

2. Accounts Payable Information:

Accounts Payable Name: _____ Telephone #: _____

Email Address (For Credits and Statements): _____

Note: We only email statements for all Wholesale clients. We will mail statements only in exceptional circumstances.

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: _____

3. Credit Agreement- General terms and conditions (Choose One – A or B)

Credit Limit Requested: _____

Credit Limit Granted: _____

- Terms are Net 30 days from date of invoice with a credit card on file.
- Credit Card terms are Net 7 days from date of invoice and are negotiable after one month. First orders are always C.O.D.
- There will be an \$80.00 administration fee for NSF cheques.
- Any returns or refunds must be accompanied by an invoice number submitted within 15 days of the invoice date.
- We reserve the right to withhold orders until outstanding invoices beyond 45 days are paid in full.



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A. Proprietorship and Partnership (Net 30 Days):

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 dishonoured 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.

B. Corporation (Net 30 Days):

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 dishonoured 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 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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Delivery Information/Requests Form

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

Preferred delivery time (please circle)

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

The restaurant is **closed**: **Mo** **Tu** **We** **Th** **Fr** **Sa** **Su**

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:

Contact person and telephone number in case nobody is available to accept the delivery:



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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.
3. We reserve the right to charge a fuel surcharge as applicable



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Credit Card Pre-Authorization Application

We accept Visa, MasterCard and American Express.

Restaurant Acct #: _____

Restaurant 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 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.

Our payment terms are **Per Invoice** for the first month of authorization, then switching to **Net 7 days** beyond that. Extended terms; bi-weekly or monthly can be negotiated on a case-by-case basis after the first month of authorization.

Printed Name: _____

Signature: _____

Date: _____