



CATANESE CLASSICS
1600 Merwin Ave. Cleveland, Ohio 44113
Phone 216-696-0080

New Account Information

Business Name: _____

Delivery Address: _____

Phone: _____

Chef/ Kitchen Manager: _____ Phone: _____

Email: _____

Accounts Payable: _____ Phone: _____

Email: _____

Owner/ General Manager: _____ Phone: _____

Additional Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of Sales Rep: _____

Name of Sales Manager: _____

Notes/Comments: _____

Delivery Information

Main Delivery Contact: _____ Customer Number: _____

Expected First Delivery Date: _____ Route: _____

Delivery Days: M T W TH FR SAT

Requested Delivery Window Time: _____

Delivery Instructions:

Front Door Back Door Delivery Drop Key Stop Side Door

Special Instructions:

A credit application must be filled out to receive terms. Trade references must be food vendors. A determination of terms will be made up on responses from the trade references provided. New accounts will be 7 Days until terms are determined.



CATANESE CLASSICS

Additional Internal Account Information

Please provide below all the vital information to accurately add your customer to the database. It is imperative that you do not guess on any of these fields.

Select the following:

Market Segment: _____

Options: 10 – Food Service, 20 – Retailers, 30 – Re-Distributors

Region: _____

Options: 10 – North, 20 – South

Territory: _____

Options: 10 – Cincinnati, 15 – Columbus, 20 – Indianapolis,
 25 – Kentucky, 30 – Michigan, 35 – NE Ohio,
 40 – Pittsburgh, 45 – Dayton, 50 – Wisconsin,

Route: _____

Options: Akron Far West South East
 Ashtabula Heights South West
 Canton Heinen's Sirna
 Columbus Inner Indy TDY
 Columbus Outer Islands Toledo
 Cincy NE Mt. Vernon Will Call
 Cincy SW North East Youngtown
 Dayton Sherwood Zanesville
 Downtown Short West

Customer Type: _____

Options: 100 – Caterers, 105 – Contract Spice, 110 – Country Club,
 115 – Hotels/Resorts, 120 – Manufacturer/Brewer, 125 – Perch Wholesaler,
 130 – Redistribution, 140 – Restaurant, 145 – Retail Walkin/Clambake,
 150 – Retailer, 155 – Retirement Com., 160 – Schools,
 166 – Pastry/Bakery 170 – Vendor

Is the customer part of a chain: Yes or No

If Yes, please write the chain: _____



CATANESE CLASSICS

Catanese Classics Credit Application

Please provide us with the information listed below and return to ar@catanese Classics.com. This will enable us to expedite your future orders. Catanese Classics looks forward to doing business with you.

Business Name: _____ Phone: _____

Doing Business As: _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Type of Business: Corporation Partnership Sole Prop Other: _____

List Names and Titles of Corporate Officers, Partners, or Owners:

Name: _____ Title: _____

Name: _____ Title: _____

Bank Information:

Bank Name: _____ Contact Name: _____

Account Number: _____ Phone: _____

Trade References:

Please list name of at least two food vendors, a contact name, fax number and telephone number. Thank you.

1. _____

2. _____

3. _____

I Authorize our bank(s) and creditors to furnish financial information required by Catanese Classics in connection with this application for credit. We certify that the above information is true and authorize Catanese Classics to investigate the information above for purposes of obtaining merchandise on credit or paying a COD purchase with a company check. In consideration of personal benefits accruing to me I guarantee payments of all correct charges to the business and if for any reason this account is not paid when due I/We will be personally responsible for the payment of all service charges, collection fees and reasonable attorney and court costs.

TERMS: Credit terms are stated on the invoice under "terms". Invoices not paid according to terms will be subject to 1.5% per month finance charges or the maximum amount allowed under the law.

Signature

Title

Print Name

Date