

Cornucopia Cheese & Specialty Foods Co.

*8 756 High way 8 7 South
Graham, NC 27253 Phone 800-322-
9626 Fax 336-376-9627*

New Account Application

Company Name _____

Billing Address _____

Business Name _____

Delivery Address _____

Telephone # _____ *Fax #* _____

E-Mail Address _____

Individual/Sole proprietor ___ *Corporation* ___ *Partnership* ___ *Other* ___

Purchasing Contact _____

Accounts Payable Contact _____ *Phonett*

E-mail Address _____ *Fax#* _____

Special Delivery Instructions

NC Sales & Use Tax # _____

Federal Tax ID # _____

In additon to this form we must have a completed Certificate of Resale. Accounts not in compliance will be charged NC Sales Tax.

New accounts are C.O.D. At the end of 60 days, accounts in good standing may apply for terms, however terms are not guaranteed. Orders not paid at time of delivery will incur a 1 % service charge.

Cornucopia Cheese & Specialty Foods Co.

*8 756 Highway 87 South ,Graham,
North Carolina 27253 Phone 800-322-
9626 Fax 336-376-9627*

CREDIT APPLICATION

*To apply for credit, please fill in the following information accurately and legibly. Applications will not be processed if information is not filled in completely, or signature of officer is missing. **ALL ORDERS WILL BE PROCESSED ON A COD BASIS UNTIL CREDIT HAS BEEN APPROVED.** All charged orders will carry a 1% handling charge.*

Company Name _____ *Tax #* _____

Billing Address _____ *Shipping Address* _____

Telephone # _____ *Fax #* _____

Purchasing Contact _____ *Accts. Payable Contact* _____

Bank Name _____ *Account #* _____

Address _____ *City,State,Zip* _____

Telephone # _____ *Fax #* _____ *Contact* _____

TRADE REFERENCES

1.) Name _____ *Contact* _____

Address _____ *City,State,Zip* _____

Telephone# _____ *Fax #* _____

2.) Name _____ *Contact* _____

Address _____ *City,State,Zip* _____

Telephone # _____ *Fax #* _____

3.) Name _____ *Contact* _____

Address _____ *City,State,Zip* _____

Telephoned _____ *Fax #* _____

CHECK ONE: _____ *Corporation* _____ *Sole Proprietorship* _____ *Partnership*

All information will be processed and kept confidential Please note that all balances over 30 days will be charged a 1.5% finance charge on the total balance accrued monthly. Any accounts overdue without response to inquiries will be turned over for collection, and will be responsible for all legal fees in the process.

Signature _____ *Title* _____