

CONCADO'ORO

IMPORTERS, INC.

"AMERICA'S # 1 CHOICE FOR ALL YOUR GOURMET NEEDS"

SALES REP: _____

ACCT# _____

CUSTOMER PROFILE INFORMATION / PLEASE PRINT CLEARLY

NAME OF CORPORATION: _____

D/B/A: _____

ADDRESS _____

CITY _____

CROSS STREET _____

TEL. _____ FAX _____

CONTACT _____ TITLE _____

NUMBER OF YEARS IN BUSINESS: _____

OWNERS NAME _____

ADDRESS _____

TEL. _____ SSN _____

TAX ID # _____

A/P NAME & PHONE _____

E-MAIL _____

BANK NAME _____

ADDRESS _____

BANK CONTACT _____

TEL. _____

ACCOUNT # _____ TYPE _____

LIST 3 DISTRIBUTORS OR MANUFACTURERS WHOM YOU CURRENTLY PURCHASE FROM

1# NAME _____

ADDRESS _____

TEL. _____ FAX _____

CONTACT _____

2# NAME _____

ADDRESS _____

TEL. _____ FAX _____

CONTACT _____

3# NAME _____

ADDRESS _____

TEL. _____ FAX _____

CONTACT _____

Condition of Sale: Terms net 10th approx. A late payment charge 1.5 % per month will be assessed against balance outstanding more than 30 days the undersigned agrees to pay all cost of collection, or cost of attempting to collect delinquent payments, including a reasonable attorney's fee, not to exceed 20%. The undersigned also agrees to abide by company policies and procedures, and personally guarantees the payment of all bills incurred by the above mentioned company.

Signed _____
(As principal of above corporation and individually. No corporate title shall follow name)

PRINT NAME _____ Date _____

100 BOMONT PLACE ,TOTOWA NJ 07512 (718)446-0800 FAX: (718)424-3300