

Culinary Classics, Inc.  
PO Box 593453  
Orlando, Florida 32859  
Phone: (407) 857-0478 Fax: (407) 857-7818

Thank you for your interest in Culinary Classics. Please take a moment and complete the following then fax upon completion. We look forward to being of service to you.

## New Customer Profile

TRADE NAME: _____	PHONE NUMBERS: _____
Street: _____	Business: _____
City: _____ State: __ Zip: _____	Fax: _____
Authorized Buyers: _____	Acct. Pay: _____
Accounting Contact: _____	Receiving: _____
Business is: Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	

Billing Name/Address (if different) \_\_\_\_\_

Date Business Established | How long at this location? | How long under this management?

Owners/Officers Name(Residential Address and Telephone)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Bank Name: | Address: | Phone: | Account Number:

List Three Trade References: (Name, Address, Phone, Contact)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish to Culinary Classics, Inc., any and all information that may periodically be requested. Customer also agrees to pay for any and all deliveries; under and pursuant to its accounts, whether ordered by the customer or by any person representing himself/herself/itself to be an agent, employee, or representative of the customer. All sales on credit are net 10 days from date of receipt, unless otherwise specified on invoice. All past due accounts may be charged interest at a rate of 1 1/2% per month. In the event of the delinquency of any account, customer agrees to pay all collection costs, attorney's fees, and court costs. Jurisdiction is in Orange County, Florida.  
Signature of Owner/Authorized Agent

Written: \_\_\_\_\_ Title: \_\_\_\_\_

Printed: \_\_\_\_\_ Date: \_\_\_\_\_