



# CUSTOMER APPLICATION

FOR OFFICE USE ONLY

Terms: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Sales Rep: \_\_\_\_\_

Terms of payment will be C.O.D. until applicant has been notified by Scavuzzo's Credit Dept. that credit has been approved.

**\*All applicants are required to fill out all information highlighted in yellow**

## SHIP TO

## PAYMENT INFO & DELIVERY REQUEST

Estimated Weekly Purchase: \$ \_\_\_\_\_ Requested Terms: \_\_\_\_\_

Requested Payment Method:  ACH  CHECK  CREDIT CARD  CASH  
(Preferred) See pg 3 See pg 4

Delivery Requests are not guaranteed, but we hope to fill your requests as best to our ability.

Requested Delivery Days:  Mon  Tues  Wed  Thurs  Fri

Requested Time of Delivery:  AM  PM  Dock Stop Delivery

Earliest Time Available: \_\_\_\_\_ Latest Time Available: \_\_\_\_\_

Order Confirmation- Email: \_\_\_\_\_

AP / Invoice- Email: \_\_\_\_\_

\_\_\_\_\_  
 Firm Name  
 \_\_\_\_\_  
 Trade Name  
 \_\_\_\_\_  
 Email Address  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City, State, Zip  
 \_\_\_\_\_  
 Phone No.  
 \_\_\_\_\_

**WE CANNOT ACCEPT CONFIDENTIAL CLIENT INFORMATION, SUCH AS SOCIAL SECURITY NUMBERS, BANK ACCOUNT INFORMATION, AND CREDIT CARD INFORMATION, ELECTRONICALLY (I.E., TEXT AND EMAIL). IF SENDING ELECTRONICALLY, PLEASE LEAVE PERSONAL INFORMATION BLANK, FOR FOLLOW UP VIA PHONE, MEETING OR PAPER.**

## OWNERSHIP INFORMATION (REQUIRED)

Corporation  Partnership  Sole Proprietor (If Incorporated): Name \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Healthcare  Group Purchasing  School In Business Since: \_\_\_\_\_ Has Business Filed Bankruptcy?  Yes  No

PLEASE LIST ALL OWNERS, PARTNERS, CORPORATION OFFICERS (Additional Persons on Back)

_____ Name	_____ Date of Birth	_____ Home Address
_____ Title	_____ Phone No.	_____ Social Security No.

## BANKING INFO

\_\_\_\_\_  
Banking Name

\_\_\_\_\_  
Bank Contact

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

## TRADE REFERENCES

_____ Company Name	_____ Email	_____ Phone No.
_____ Company Name	_____ Email	_____ Phone No.
_____ Company Name	_____ Email	_____ Phone No.

## BILL TO (REQUIRED)

\_\_\_\_\_  
Accounts Payable Contact

\_\_\_\_\_  
Trade Name

\_\_\_\_\_  
Preferred Contact Method

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

I authorize prospective creditors to ask my past and current creditors ("Credit References"), including creditors listed above or on my credit report, about my credit performance with them and to disclose to other persons, including credit reporting agencies, information about my accounts and credit experience. This shall be a continuing authorization for all present and future requests and disclosures. Provision by prospective creditors of a copy of this authorization shall serve as my direction that my credit references provide my credit performance information.

In consideration of the granting and extension of credit by Scavuzzo's Inc to the undersigned, it is hereby agreed that the undersigned will promptly pay all sum when due. In the event of non-payment, the undersigned does hereby agree to pay in addition to the principle amounts due, all collection and/or attorney's fees and all court costs. Non-sufficient funds are subject to a \$25 fee. Payment must be made for non-sufficient funds and the \$25 fee within 24 hours of receipt of notification. Past due balances are subject to a monthly interest charge of 1.5%.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**Required if requesting credit terms other than COD.**

For value received and to induce you to extend credit hereunder, the undersigned jointly and severally guarantee payment of any and all indebtedness, which \_\_\_\_\_ (Name) (Hereinafter "Company") has incurred or may incur in the performance of all obligations of said company to Scavuzzo's Inc. That liability of the undersigned shall not be affected by the amount of credit extended hereunder, by an change in the form of indebtedness, by note or otherwise, or by renewal or extension thereof. Notice of acceptance of this guaranty, of the extension of said indebtedness, of orders, of deliveries, of default in payment, of the release of the whole or part of the indebtedness, or of any other matter with respect hereto, is waived. This guaranty shall be enforceable before or after any proceeding against the company and shall be effective regardless of the solvency of the company, the subsequent incorporation or failure of incorporation, the assignment, transfer or sale of said company or by any other change in the composition, nature, personnel or location of the company. Should this matter be referred to an attorney for collection, the undersigned shall pay all expenses of collection and attorney's fees incurred by reason of the default of the company.

I authorize prospective creditors to ask my past and current creditors ("Credit References"), including creditors listed above or on my credit report, about my credit performance with them and to disclose to other persons, including credit reporting agencies, information about my accounts and credit experience. This shall be a continuing authorization for all present and future requests and disclosures. Provision by prospective creditors of a copy of this authorization shall serve as my direction that my credit references provide my credit performance information.

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\_\_\_\_\_

Execution Date Of

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Name

Date of Birth

\_\_\_\_\_

Social Security No.

\_\_\_\_\_

Social Security No.

\_\_\_\_\_

Home Street Address

\_\_\_\_\_

Home Street Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

City, State, Zip

Fill out if different from page 1



# ACH / DEBIT AUTHORIZATION

\*Mandatory only if you choose ACH as your payment method.

I, \_\_\_\_\_ hereby  
(Name)  
authorize Scavuzzo's Inc. to initiate debit entries to the account  
as indicated below.

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ACCOUNT INFORMATION	
<input type="checkbox"/> DDA	<input type="checkbox"/> SAV
_____	
Receiving Bank's Routing No. [ABA]	
_____	
Account No.	
_____	
Name	
_____	

This authority is to remain in full force and effect until Scavuzzo's Inc has received written notification from me of its termination in such time and such manner as to afford Scavuzzo's Inc a reasonable opportunity to act on it.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



# CREDIT CARD AUTHORIZATION

\*Mandatory only if you choose Credit Card as your payment method.

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There is a 3% credit card fee added at time of processing.  
 Credit card payment for each order is processed on the same day that the order is delivered.

SHIP TO ADDRESS	
<input type="text"/>	
Business Name	<input type="text"/>
Street	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone No.	<input type="text"/>
Fax No.	<input type="text"/>

I,  (Name) hereby authorize Scavuzzo's Inc. to charge my credit/debit card account for services rendered/products sold to all people using my customer account number/numbers even though the card is not present at the time of transaction/delivery. This continuing authorization is valid until such time as I inform Scavuzzo's Inc in writing to the contrary.

Cardholder's Signature

Date

CREDIT CARD INFORMATION	BILLING ADDRESS
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
<input type="text"/>	<input type="text"/>
Name on Card	Street
<input type="text"/>	<input type="text"/>
Credit Card Number	City, State, Zip
<input type="text"/>	<input type="text"/>
Security Code	Phone No.
<input type="text"/>	<input type="text"/>
Expiration Date	Fax No.
<input type="text"/>	<input type="text"/>
Name of Issuing Bank	



If claiming tax exemption on resale only, please fill out below. **RESALE ONLY**  
 If tax exempt on all sales, please attach a copy of tax exemption certificate. **ALL SALES**



**UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION**

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2 - 4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Scavuzzo's Inc

Address: 6550 Kansas Ave, Kansas City, KS 66111

I certify that: \_\_\_\_\_ is engaged as a registered

Name of Firm (Buyer): \_\_\_\_\_ Wholesaler \_\_\_\_\_  
 \_\_\_\_\_ Retailer \_\_\_\_\_  
 Address \_\_\_\_\_ Manufacturer \_\_\_\_\_  
 \_\_\_\_\_ Seller (California) \_\_\_\_\_  
 \_\_\_\_\_ Lessor (see notes \_\_\_\_\_  
 \_\_\_\_\_ on pages 2 - 4) \_\_\_\_\_  
 \_\_\_\_\_ Other (Specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>2</sup>	_____	MO <sup>13</sup>	_____
AR	_____	NE	_____
AZ <sup>22</sup>	_____	NV	_____
CA <sup>3</sup>	_____	NJ	_____
CO <sup>1</sup>	_____	NM <sup>1,15</sup>	_____
CT <sup>4</sup>	_____	NC <sup>25</sup>	_____
DC <sup>5</sup>	_____	ND	_____
FL <sup>23</sup>	_____	OH <sup>26</sup>	_____
GA <sup>6</sup>	_____	OK <sup>16</sup>	_____
HI <sup>1,7</sup>	_____	PA <sup>27</sup>	_____
ID	_____	RI <sup>17</sup>	_____
IL <sup>1,8</sup>	_____	SC <sup>18</sup>	_____
IA	_____	SD	_____
KS	_____	TN	_____
KY <sup>24</sup>	_____	TX <sup>19</sup>	_____
ME <sup>9</sup>	_____	UT	_____
MD <sup>10</sup>	_____	VT	_____
MI <sup>11</sup>	_____	WA <sup>20</sup>	_____
MN <sup>12</sup>	_____	WI <sup>21</sup>	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

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

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