



We are pleased you have selected Viola Imports, Inc. as your high quality food importer. Below is some basic information we need in order to establish your account.

Please complete and return this to:

Viola Imports, Inc.
P.O. Box 185
Elk Grove Village, IL 60009-0185
Fax: (847) 628-1415
email: info@violaimports.com
Attention new accounts

Company Information

Company Name: Contact Name:

Billing Address:

City: State: Zip Code:

Shipping Address:

City: State: Zip Code:

Phone: FAX: E-mail:

Type of Business: In Business Since:

To whose attention should invoices be sent?

Name of individual(s) with authorization:

Form of Business: [ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietor

Order Information

Is a Purchase Order required? [ ] Yes [ ] No

If it is to be a blanket PO, please list: Number: Expiration Date:

Is your work taxable? [ ] Yes [ ] No

If no, please attach signed certificate and list your tax exempt or reseller's number:

## Credit References

Bank References: *Please list name and address of local banks.*

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Trade References: *Please list name, address, phone number, and account number of three references. Do not list credit cards.*

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## Terms and Signature

Our terms are net 15 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, said fees will be added to your account.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

## Credit Card Information

Cardholder Name: \_\_\_\_\_ Card Type: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 or 4 Digit Security Code/CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_