



CUSTOMER APPLICATION

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 in red sections, Credit Applicants must complete the entire page.

DELIVERY REQUESTS

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:

SHIP TO

Firm Name _____

Trade Name _____

Email Address _____

Address _____

City, State, Zip _____

Phone No. _____

OWNERSHIP INFORMATION

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

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

PURCHASES, STATEMENTS, TERMS, METHOD PAYMENT:

Estimated Weekly Purchase: \$ _____ Payment Method: ACH CHECK CREDIT CARD CASH

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

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

TAX INFORMATION

Tax Exemption Status: Resale Only YES NO Resale Tax ID Number _____

 All Sales YES NO Tax Exempt ID Number _____

BILL TO

Accounts Payable Contact _____

Trade Name _____

Preferred Contact Method _____

Email Address _____

Address _____

City, State, Zip _____

Phone No. _____

Fax No. _____

BANKING INFORMATION

Bank Name _____

Current Account Balance _____

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.

Signature _____ Printed Name _____ Title _____ Date _____

SALES AFICIONADO _____



CREDIT CARD AUTHORIZATION

SHIP TO ADDRESS	
Business Name	_____
Street	_____
City, State, Zip	_____
Phone No.	_____
Fax No.	_____

I, _____ 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	
Name on Card _____	Street _____
Credit Card Number _____ Security Code _____	City, State, Zip _____
Expiration Date _____	Phone No. _____
Name of Issuing Bank _____	Fax No. _____

Upon Delivery of order, the credit/debit card account above will be charged for the full amount of the purchase.
 If product is to be picked-up at Scavuzzo's Inc and not picked up within 2-3 days of pick-up request,
 then a restocking fee will be charged.

SALES AFICIONADO _____



ACH / DEBIT AUTHORIZATION

I, _____ Hereby authorize Scavuzzo's Inc. to initiate debit entries to the account indicated below.

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 it's termination in such time and such manner as to afford Scavuzzo's Inc a reasonable opportunity to act on it.

Printed Name _____

Signature _____

Date _____

SALES AFICIONADO _____



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: 2840 Guinotte Ave, Kansas City MO 64120

I certify that: _____ is engaged as a registered

Name of Firm (Buyer): _____	Wholesaler _____
Address _____	Retailer _____
_____	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 service¹ 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 ²	_____	MO ¹³	_____
AR	_____	NE ¹⁴	_____
AZ ²²	_____	NV	_____
CA ₃ ¹	_____	NJ	_____
CO	_____	NM ^{1,15}	_____
CT ⁴	_____	NC ²⁵	_____
DC ⁵	_____	ND	_____
FL ₂₃	_____	OH ²⁶	_____
GA ⁶	_____	OK ¹⁶	_____
HI ^{1,7}	_____	PA ²⁷	_____
ID	_____	RI ¹⁷	_____
IL ^{1,8}	_____	SC ¹⁸	_____
IA	_____	SD	_____
KS ₂₄	_____	TN	_____
KY ⁷	_____	TX ¹⁹	_____
ME ⁹	_____	UT	_____
MD ¹⁰	_____	VT	_____
MI ¹¹	_____	WA ²⁰	_____
MN ¹²	_____	WI ²¹	_____

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: _____