



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Upon completion, email to: orders@carpigiani-usa.com

Have you ever done business with the Ali Group before? Yes No

If Yes, please list the Company Name:

BUSINESS CONTACT INFORMATION

Title:

Company name as shown on your income tax return:

Phone:

Fax:

E-mail:

Company name if different than above:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Do you have other branches? Please list.

Primary billing address

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. Open account terms are Net 30 days. Failure to comply will lead to termination and reinstatement of payment in advance terms.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Carpigiani to make inquiries into the banking and business/trade references that you have supplied

SIGNATURES

Title: Date:

Title: Date: