



CUSTOMER NUMBER							

### Business Information (Bill To)

Business Name			Federal Tax ID Number	Date Established
Address			Resale/Sales Tax License Number	Business Legal Structure <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
City	State	Zip Code	Business Phone	
Primary Business Contact Name			Business Fax	
e-mail address			Mobile Phone	
Primary Business Type <input type="checkbox"/> Chain (5+ Stores) <input type="checkbox"/> Grocery <input type="checkbox"/> Deli/Bakery <input type="checkbox"/> Bar/Restaurant <input type="checkbox"/> Distributor				

### Ship To Information (Complete this section if SHIP TO location is different from above. Attach additional sheets if necessary)

Ship To Business Name			Phone Number	Location Hours of Operation (Required for delivery planning)
Address			Fax Number	
City	State	Zip Code	Mobile Phone	
Location Primary Contact			e-mail address	

### Terms of Sale

**Payment Terms:** Payment is due at time of delivery. We will accept cash, certified bank check or money orders. Personal or business checks require approval prior to the ship date. We may require pre-payment of your order if your order ships using a third party shipping or trucking company. We will accept Mastercard or Visa credit card payments. A 3% surcharge will apply for credit card payments.

**Claims:** Buyer agrees to examine all invoices promptly upon receipt and to notify seller immediately of any failure to deliver, shortage, discrepancy or error, and further agrees that such invoice shall be presumed correct in all respects unless seller is notified of failure to deliver, shortage, discrepancy or error within five (5) days of his or her receipt of such invoice or statement.

By signing below, I acknowledge acceptance of the Terms of Sale. I further agree and accept that this form does not construe, infer or imply a credit relationship with Europa Market Co. Inc. I understand that I may apply for business credit in the future and that should business credit be extended to me, I will receive written notification of my credit status.

**X**

Signature

Signer's Printed Name

Date

**FAX COMPLETED FORM AND A COPY OF YOUR RESALE AND BUSINESS LICENSE TO  
+1 314 631 7149**