



NEW ACCOUNT APPLICATION
Accardi Foods Inc and it's division, Espresso Plus Inc
85 Commercial Street Medford, MA 02155
Tel 781-391-2400 Fax: 781-391-4494
www.accardifoods.com



Accardi Salesperson: _____

Section 1: Company Information (Please Print Clearly)

Business Name:		Legal Name:		
Delivery Address:		City:		State & Zip
Delivery Instructions: Lock Box Code:				
Buying Contact:		Title:	Phone:	Fax:
Years in Business:	Federal Tax ID:	Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		
Owners/Officers:				
Name:	Title:	Social Security #	Phone #	

Section 2: Billing Information

Accounts Payable Contact:	Phone:	E-Mail Address:	<input type="checkbox"/> E-Mail Statement
Billing Address:		City:	State & Zip

Section 3: Trade References

1 Company:	Contact:	Phone:	Fax/Email:
Street Address:		City: State & Zip	
2 Company:	Contact:	Phone:	Fax/Email:
Street Address:		City: State & Zip	
3 Company:	Contact:	Phone:	Fax/Email:
Street Address:		City: State & Zip	

Section 4: Banking Reference

Bank Name:	Contact:	Phone:	Fax/Email:
Street Address:		City: State & Zip	
Checking Acct. #:		Savings Acct #:	

Section 5: Account Payment Options (Select One)

Type of Account Applying for: Credit Terms or Pay upon Delivery via ACH via Credit Card (See Page 2 for ACH or Credit Card Authorization)

I hereby authorize the bank and references shown above to release financial information regarding our account to Accardi Foods. All information is in confidence and without recourse. Customer signature is agreement to terms on Accardi Foods and Espresso Plus Standard Form Invoice and our Credit Policy. Customer also agrees to pay any Attorney and/or Legal fees; or Collection Agency fees incurred by Accardi Foods or Espresso Plus for collection of delinquent account.

I (we) authorize you to whom this application is made or your agents, to investigate my/our financial responsibility and credit worthiness. I (we) agree and understand that personal credit reports may be drawn to aid in the evaluation process, as deemed necessary.

Authorized/Personal Guarantee Signature

Print Name

Date

*Applications received without required information and signature will not be awarded credit terms

*First 2 orders are processed as COD or can be pre-paid by credit card

*A finance charge of 1.5% per month or annual rate of 18%, may be applied to accounts over 30 days old



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Credit Policy

To our valued customer,

Thank you for choosing Accardi Foods and Espresso Plus as your supplier for specialty food products, as well as equipment and equipment repair. We pride ourselves on providing unmatched personal service, quality products, and reliable equipment service and repairs at a fair price.

Customers who desire credit terms must provide a completed credit application signed by an authorized representative. Terms are TBD based on the Credit Evaluation — and are subject to change based on a variety of credit and business factors. We require payment within the terms indicated on each invoice. Invoices beyond your established terms will be considered delinquent and may be subject to interest and collection costs. Orders and equipment repair requests from customers with past-due invoices will be processed at the discretion of Accardi Foods and Espresso Plus.

To provide you with the highest quality products and service you deserve, we strictly enforce our credit policy. You will receive an invoice with each product delivery and an invoice or service work order for equipment repairs, as well as monthly statements indicating all open invoices. Your salesperson will be your primary contact for both purchasing and payment matters. Additionally, if you have questions or need further information regarding an Accardi invoice, **Russ Beegan**, our Credit Manager (x0201), and **Grace Snow**, Accardi's A/R Manager (x0124), can be reached at 781-391-2400. For questions or additional information regarding equipment repairs, **Sarah Parks**, Espresso Plus's Service Manager (x0100), can be reached at 781-396-2100.

Please return all credit applications to **AR@accardifoods.com** or fax them to **781-533-9037**.

We are dedicated to providing you with the quality products, service, and personal attention that Accardi Foods has been built on and continues to uphold. Please work closely with us on this matter and do not hesitate to call with any questions or concerns.

Thank you for the opportunity to service you.

Angela DeVirgilio

Angela DeVirgilio
Accardi Foods



Payment Method on File

Bank/Financial Institution ACH Authorization Agreement

I (we) hereby authorize Accardi Foods to debit entries to my (our) Bank/Financial Institution indicated below, as automatically necessary to satisfy credit terms or as needed.

Bank Name:

Address, City/State, Zip:

Business Name as it appears on Check:

Account #:

Routing #:

*Please submit a copy or photo of voided check.

Credit Card or Debit Card Authorization Agreement

I (we) hereby authorize Accardi Foods to debit entries to my card account number below, as automatically necessary to satisfy credit terms or as needed. All Credit Card or Debit Card transactions may include a convenience fee of 3%.

Cardholder Name:

Card Type:

Card Number:

Expiration Date:

Security Code:

Billing Zip Code:

**All payment information will be encrypted electronically with our processors

Authorized Signature

Print Name

Date



Form ST-12EC

Exempt Container Certificate

Seller's name (Registered vendor)

Accardi Foods Inc.

Address

85 Commercial Street

City/Town

Medford MA 02155

State

Zip

I hereby certify that the packaging described may qualify as exempt containers used to transport food off premises pursuant to Massachusetts General Laws (MGL), Ch. 64H, sec. 6(q). See Massachusetts Regulation 830 CMR 64H.6.5(8).

Description of property

Disposable packaging products, containers

Full liability is hereby assumed for the payment of any use tax due in the event that the packaging purchased is used for other than exempt purposes specified above. This certificate shall be considered a part of each order unless revoked in writing. All vendor orders under this certificate will clearly indicate that they represent packaging that may qualify as exempt container purchases.

Signed under the penalties of perjury.

Signature

Title

Name of company

Federal Identification number

Address

City/Town

State

Zip

Date

Check applicable box: Single Purchase Certificate Blanket Certificate

General Information

This form is to be completed by a purchaser (registered vendor MGL Ch. 64H, sec. 7) and given to and retained by the seller. The seller must make sure that the certificate is completed properly and signed before accepting it. For information regarding the requirements for retaining records, see Massachusetts Regulation 830 CMR 62C.25.1.

Sales of containers to purchasers who are registered vendors are not taxable, subject to the proper use of Form ST-12EC, Exempt Container Certificates.

The term container is limited to items used in transporting food or drink off the premises. The meaning of the term is found by determining the use to which a particular item is put. When a paper or plastic product is used to transport food off the premises, it is a container. The term container may include, for example, paper or plastic wrappers, cups, cup lids, or multicup holders used to carry more than one drink, if these items are used to transport food or drink off the premises. The same items used on premises are not considered to be containers for purposes of the exemption. Coffee stirrers, napkins and straws are examples of items not considered containers whether used on or off premises.

If, upon the purchase of packaging, the purchaser is unable to determine whether the packaging will qualify as exempt containers, the purchaser may give the seller a Form ST-12EC, Exempt Container Certificate. The certificate may be given and accepted only for those items that may be **exempt containers** depending on later use. Acceptance of a fully and properly completed certificate will relieve the seller from further liability for the tax. The purchaser must keep an accurate record of the containers used to transport food or drink off premises. Packaging not so used is subject to tax and must be reported on the purchaser's Form ST-9, Sales and Use Tax Return, or its Form ST-10, Business Use Tax Return, as applicable.

Warning: Willful misuse of this certificate is subject to criminal tax evasion penalties of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.

If you have any questions about the acceptance or use of this certificate, please contact:

**Massachusetts Department of Revenue
Customer Service Bureau
PO Box 7010
Boston, MA 02204
(617) 887-MDOR**

This form is approved by the Commissioner of Revenue and may be reproduced.