

**COMPLETE THEN FAX OR EMAIL TO:**

617-488-2284 (fax)

accounting@sensationalfoods.com

Customer Credit Application for Purchase Orders

BUSINESS INFORMATION

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| --- |
| NAME OF BUSINESS: |
| BILLING ADDRESS: |
| CITY, STATE, ZIP CODE: |
| ACCOUNTING CONTACT PERSON: |
| ACCOUNTING PHONE NUMBER: |
| ACCOUNTING EMAIL ADDRESS: |
| DO YOUR INVOICES NEED TO HAVE A PO#? |

AUTHORIZATION

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| CIRCLE ONE: |
| 1. **COMPANY WIDE**-All individuals within the company are authorized to place orders under this PO
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| 1. **DEPARTMENT WIDE**-Individuals in a specific department or group are authorized to place orders under this PO **DEPARTMENT NAME:**
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| 1. **SPECIFIC INDIVIDUALS**-Only specific individuals or admins may place orders under this PO, please list them here. **ADMINS:**
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**\***Please note that any individual, group, or department may be granted authorization to place orders under this PO after it has been submitted with consent from the signer.

REQUIRED CREDIT CARD INFORMATION

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| CARD HOLDERS NAME: |
| PHONE NUMBER: |
| FULL BILLING ADDRESS: |
| CREDIT CARD NUMBER: |
| EXPIRATION DATE: CVV: |

**\***Please note that this is a BACK UP form of payment, only to be used if you have failed to comply with the Terms and Conditions. This Credit Card is not required to be your preferred method of payment.

PERFERRED METHOD OF PAYMENT (Select one)

|  |
| --- |
| Check:  |
| ACH: |
| Other:  |

\*If your company would like to remit payment via ACH, we require this request to be placed two weeks prior to the invoice you would like it applied to. Please reach out to the accounting department for the necessary steps to have this option approved. 617.924.6703 x5

Please note that when the credit card given on this form expires you will be asked to reapply for PO status with a new valid credit card before placing your next order.

Also, please note that we reserve the right to use our digression to re-evaluate or deactivate your PO status due to lack of payment within the specified 30-day limit.

TERMS AND CONDITIONS: The client acknowledges that the terms offered by Sensational Foods LLC are Net 30 days from date of invoice. The client agrees to pay all reasonable costs of collection including attorney's fees in the event of the client’s failure to pay. In consideration of the receipt of goods and services by Sensational Foods, we the undersigned do hereby jointly and severally guarantee the payment by our company or the companies we represent. The below signature represents the acceptance that if the invoice is not paid Net 30 days, Sensational Foods LLC, reserves the right to charge the invoice in its entirety, only after a minimum of two attempts to make other arrangements.



Authorized Signature Title Date



PRINT name Title Date



FOR OFFICE USE ONLY

APPROVED BY:\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_ REMOVED FROM PO - DATE AND REASON\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRES ON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_