

**Coastal Vineyards, Inc.**

207 W. Los Angeles Ave. # 346

Moorpark, CA 93021

Tel: 877-21-Bacon / Fax: 805-435-6695

www.baconfreak.com

wholesale@baconfreak.com**NEW BUSINESS ACCOUNT APPLICATION**

(fax/ email or mail this form to the above address)

BUSINESS CONTACT INFORMATION

Title:	Your Name:		
Company name:			
Phone:	Fax:	E-mail:	
Shipping address:			
City:	State:	ZIP Code:	
Website:			

BUSINESS AND CREDIT INFORMATION

Billing address:			
City:	State:	ZIP Code:	
How long at current address?	Date business commenced:		
Taxi Id:			
Check one :	Sole proprietorship:	Partnership:	Corporation:

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:		

AGREEMENT

1. All invoices are to be paid by 7 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Coastal Vineyards, Inc. to make inquiries into the business/trade references that you have supplied.
4. We agree to add 1 1/2% per month which equates to 18% for 12 months on any overdue unpaid balances.
5. All first orders are to be prepaid with a check or by credit card.

SIGNATURES

Title:	Approved By:		
Name:	Name:	Date:	
Signature:	Date:		



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ACCOUNT INFORMATION

PRICING

Pricing doesn't include delivery/ shipping.

MINIMUM ORDER

A packing and handling charge of \$15.00 will be added to any order of product that doesn't total \$150.00 unless otherwise agreed upon.

ORDERING:

To Place an order:

By Phone: Toll Free at 877-21-Bacon

By Fax: 805-435-6695

By email: wholesale@baconfreak.com

Our business hours are from 9 to 5 PST Monday through Friday. Feel Free to fax, email, or phone your order in at anytime. Be sure to provide your company name, phone number and date product is needed by.

DELIVERY

All orders are shipped within 24 hours unless otherwise requested. Orders received Thursday or Friday will be shipped the following Monday unless local.

CREDIT POLICY

All orders require prepayment unless credit terms have been extended. Credit terms don't exceed 7 days from the date of invoice. No statement will be sent! There is a \$25.00 charge for any returned check.

SIGNATURE

Name:

Title:

Date:

Signature:



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CREDIT

CARD AUTHORIZATION FORM

(fax/ email or mail this form to the above address)

CREDIT CARD INFORMATION

Company Name:

Your Name as it appears on the card:

Signature:

Credit Card Billing Street Address:

City:

State:

ZIP Code:

PAYMENT INFORMATION

Credit Card Type:

M/C:

Visa:

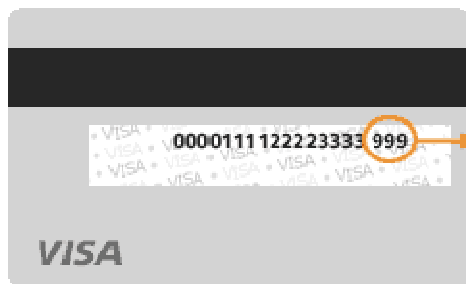
Amex:

Discover:

Credit Card #:

Expiration Date:

Card Identification Number (last 3 digits located on the back of the credit card):
(last 4 digits located on the front of the card for AMEX):



Card Identification Number



Card ID

Authorization

By signing below you agree Coastal Vineyards Inc and Bacon Freak to charge your credit card for the amount of the invoice due.

Signatures

Name:

Title:

Date:

Signature: