



# PERRONE & SONS, LLC

Founded 1924 by Barthelomew Perrone, now in our Fourth generation

1801 L&A ROAD - METAIRIE, LA 70001

PH.(504) 455- 3663 FAX. (504) 455-3663

IMPORTERS AND DISTRIBUTORS OF ITALIAN AND OTHER GOURMET FOOD PRODUCTS

## ACCOUNT SETUP INFORMATION

COMPANY NAME \_\_\_\_\_

BUSINESS NAME (IF DIFFERENT) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

COMPANY PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

SHIPPING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

NAME OF OWNER (S) \_\_\_\_\_

NAME OF OWNER (S) \_\_\_\_\_

### LIST OF PERSONS AUTHORIZED TO PLACE ORDERS:

Name \_\_\_\_\_ Cell Phone : \_\_\_\_\_

EMAIL \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone : \_\_\_\_\_

EMAIL \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone : \_\_\_\_\_

EMAIL \_\_\_\_\_

Do you require a P.O. for each order? \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Business Office Phone # \_\_\_\_\_

Business Office Hours \_\_\_\_\_

Delivery Days \_\_\_\_\_

Delivery Hours \_\_\_\_\_

Please list your accounts payable run (weekly, bi-monthly, monthly) \_\_\_\_\_

Independent firm reviews all accounts quarterly.

\_\_\_\_\_ Initials of Applicant

**\*IF YOU ARE OPTING OUT OF APPLYING FOR TERMS PLEASE FILL OUT PAGES 1, 2, & 5.**



# PERRONE & SONS, LLC

Founded 1924 by Barthelomew Perrone, now in our Fourth generation

1801 L&A ROAD - METAIRIE, LA 70001

PH. (504) 455- 3663 FAX. (504) 455-3663

IMPORTERS AND DISTRIBUTORS OF ITALIAN AND OTHER GOURMET FOOD PRODUCTS

## CONTINUING GUARANTY AGREEMENT

(If you intend on writing a check for any order, you must fill out this agreement)

BY: (COMPANY NAME) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

TO: PERRONE & SONS, INC.

I, \_\_\_\_\_, hereinafter-called Guarantor,  
(Your complete name)

By reason of the extension of credit by Perrone & Sons, Inc., hereinafter called creditor, unto  
\_\_\_\_\_, hereinafter called debtor, and which unto,  
(Your complete corporate, business name)

said credit is being extended to debtor by creditor at the request of Guarantor,  
\_\_\_\_\_, Guarantor does hereby give this  
(Your complete name)

Continuing Guarantee to said Creditor, his transferees or assign for the payment in full,  
together with all interest, fees and charges of whatsoever nature and kind, of any  
indebtedness direct or contingent, of said debtor to said creditor up to the amount of \$ \_\_\_\_\_,  
whether due or to become due and whether now  
(to be filled out by Perrone & sons)

existing or hereafter arising; and Guarantor hereby binds and obligates himself, his heirs and assigns, and solido with said  
debtor, for the payment of the said indebtedness, precisely as if the same had been contracted and when due or owing by  
Guarantor individually, hereby agreeing to, and binding himself, his heirs and assigns, by all terms and conditions contained in  
any contract of credit sale, or any note or notes signed, or to be signed by said debtor, making himself a party thereto; and  
waiving all notices and pleas of discussion or division, Guarantor agrees to pay on demand, at any time, to said creditor, his  
transferees or assigns, the full amount of said indebtedness up to the amount of this guarantee, together with interest, fees, and  
charges, as above set forth, becoming subrogated in the event of payment in full by Guarantor, to the claim of said creditor, its  
transferees, or assigns, together with whatever security creditor may hold against said indebtedness. The creditor may extend  
any obligation of the debtor one or more times and may surrender and securities held by creditor without notice or consent from  
Guarantor, and Guarantor shall remain at all times bound hereby, notwithstanding such extension and/or surrender.

Guarantor further declares that this Continuing Agreement is absolute and complete, and that acceptance, and notice of  
acceptance thereof by the Creditor are therefore unnecessary and they are hereby expressly waived.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Guarantor \_\_\_\_\_

\_\_\_\_\_  
Initials of applicant

**\*IF YOU ARE OPTING OUT OF APPLYING FOR TERMS PLEASE FILL OUT PAGES 1, 2, & 5.**



# PERRONE & SONS, LLC

Founded 1924 by Barthelomew Perrone, now in our Fourth generation

1801 L&A ROAD - METAIRIE, LA 70001

PH.(504) 455- 3663 FAX. (504) 455-3663

IMPORTERS AND DISTRIBUTORS OF ITALIAN AND OTHER GOURMET FOOD PRODUCTS

## Application for Credit

TYPE OF BUSINESS: \_\_\_CORPORATION \_\_\_PARTNERSHIP \_\_\_PROPRIETORSHIP  
\_\_\_ LIMITED LIABILITY COMPANY \_\_\_ NON-PROFIT

YEAR BUSINESS ESTABLISHED \_\_\_\_\_

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

BANK OFFICER \_\_\_\_\_

OFFICER'S TELEPHONE NUMBER \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

TAX RATE \_\_\_\_\_% (COPY OF CERTIFICATES REQUIRED FOR EXEMPTIONS)

STATE ID # \_\_\_\_\_ /W (ie: XXXXXXXXXXXX/W)

FEDERAL ID # \_\_\_\_\_ (ie: 72-XXXXXXX)

*I do hereby grant permission for my banking institution to release information on the account number provided above to Perrone and Sons, LLC*

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### PERRONE OFFICE USE ONLY

Date account opened: \_\_\_\_\_ Checking Account Balance \_\_\_\_\_  
NSF Checks in the past year: \_\_\_\_\_ Line of Credit Outstanding: \_\_\_\_\_  
Line of Credit Available: \_\_\_\_\_ Unsecured \_\_\_ Secured \_\_\_ Secured By: \_\_\_\_\_

Note: All credit terms are approved and/or recommended by a third party crediting agency and not Perrone and Sons, Inc. Perrone and Sons, Inc. does not offer credit to companies that have been in business 6 months or less.

**\*IF YOU ARE OPTING OUT OF APPLYING FOR TERMS PLEASE FILL OUT PAGES 1, 2, & 5.**



# PERRONE & SONS, LLC

Founded 1924 by Barthelomew Perrone, now in our Fourth generation

1801 L&A ROAD - METAIRIE, LA 70001

PH. (504) 455- 3663 FAX. (504) 455-3663

IMPORTERS AND DISTRIBUTORS OF ITALIAN AND OTHER GOURMET FOOD PRODUCTS

## LIST THREE (3) TRADE REFERENCFS OF PURVEYORS (Please No Liquor Companies as references)

COMPANY NAME: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

NO TERMS CAN BE GIVEN WITHOUT FAVORABLE REFERENCES FROM ABOVE PURVEYORS

\_\_\_\_\_ Initials of applicant

Office use only: References Checked. 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

Terms assigned \_\_\_\_\_

SALESMAN \_\_\_\_\_

**\*IF YOU ARE OPTING OUT OF APPLYING FOR TERMS PLEASE FILL OUT PAGES 1, 2, & 5.**



# PERRONE & SONS, LLC

*Founded 1924 by Barthelomew Perrone, now in our Fourth generation*

1801 L&A ROAD - METAIRIE, LA 70001

**PH. (504) 455- 3663 FAX. (504) 455-3663**

*IMPORTERS AND DISTRIBUTORS OF ITALIAN AND OTHER GOURMET FOOD PRODUCTS*

## ACKNOWLEDGMENT

By signing this agreement you acknowledge the above information is correct to your knowledge otherwise being held accountable in a court of law.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Guarantor \_\_\_\_\_

**BY:** (COMPANY NAME) \_\_\_\_\_

PRINT APPLICANT NAME \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE ATTACH COPY OF RESALE  
CERTIFICATES FOR STATE AND PARISH

**\*IF YOU ARE OPTING OUT OF APPLYING FOR TERMS PLEASE FILL OUT PAGES 1, 2, & 5.**



# Founded 1924 by Barthelomew Perrone, now in our Fourth generation

1801 L&A ROAD  
METAIRIE, LA 70001  
PH.(504) 455- 3663 FAX. (504) 455-3663

IMPORTERS AND DISTRIBUTORS OF ITALIAN AND OTHER GOURMET FOOD PRODUCTS

## ACH Debit Payment Authorization Form

If you would like Perrone & Sons to draft payments automatically from your bank account complete this form along with an attached voided check and return to [accountsreceivable@perroneandsons.com](mailto:accountsreceivable@perroneandsons.com).

### ACH Debit Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How ACH Debit Payments Work:

Fill in this form to authorize weekly charges to your banking account. You will be charged the total amount due according to invoice terms based on date. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "PERRONE AND SONS LLC (ACH)." Credits due will be handled as a balance on your account with Perrone & Sons and applied against future balances owed on invoices.

I \_\_\_\_\_ authorize **Perrone & Sons, LLC** to charge my bank account indicated below weekly

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Checking  Savings

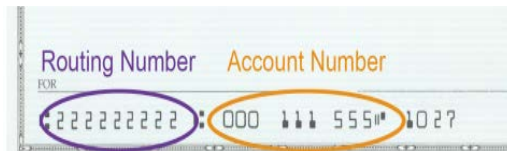
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Perrone & Sons, llc** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Perrone & Sons, llc** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

**\*IF YOU ARE OPTING OUT OF APPLYING FOR TERMS PLEASE FILL OUT PAGES 1, 2, & 5.**

Attach a voided check here

**\*IF YOU ARE OPTING OUT OF APPLYING FOR TERMS PLEASE FILL OUT PAGES 1, 2, & 5.**



# PERRONE & SONS

Founded 1924 by Barthelomew Perrone, now in our Fourth generation

1801 L&A ROAD

METAIRIE, LA 70001

PH.(504) 455- 3663 FAX. (504) 455-3663

*IMPORTERS AND DISTRIBUTORS OF ITALIAN AND OTHER GOURMET FOOD PRODUCTS*

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number (Last 4 Digits Only): _____
Expiration Date (MM/YYYY): _____
Credit Card CVV #: _____
Street Address: _____ (from credit card billing address)
Cardholder City/ State: _____ (from credit card billing address)
Zip Code : _____ (from credit card billing address)
Card Holder Phone Number: _____
Card Holder Email Address (Receipts will be sent here): _____

I, \_\_\_\_\_ (Print Name), authorize **Perrone & Sons, LLC** to charge my credit card above for agreed upon purchases. I understand that my information to charge my card will be secured in full PCI compliance and remain in effect until written authorization states otherwise. I also understand and agree that there will be a **3%** surcharge to invoices.

X \_\_\_\_\_ Date \_\_\_\_\_

**\*IF YOU ARE OPTING OUT OF APPLYING FOR TERMS PLEASE FILL OUT PAGES 1, 2, & 5.**