



Coastal Vineyards, Inc.

5142 N Commerce Ave Unit A

Moorpark, CA 93021

Tel: 805-435-6691 / Fax: 805-435-6696

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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PRICING

Pricing does NOT include delivery / shipping.

MINIMUM ORDER

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

ORDERING

To Place an Order:

By Phone: Toll Free at 805-435-6691

By Fax: 805-435-6696

By Email: wholesale@baconfreak.com

Our business hours are from 9am to 3pm Monday through Friday. Feel free to phone, fax, or email your order in at anytime. Be sure to provide your company name, phone number, and date product is needed by.

DEVLIERY

All orders are shipping within 24 hours unless otherwise requests. 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 do not exceed 7 days from the date of invoice. No statement will be sent! There is a \$25.00 charge for any returned checks.

SIGNATURE

Name:

Title:

Date:

Signature:



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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

Card Type:

Master Card:

Visa:

Amex:

Discover:

Credit Card #:

Expiration Date:

Card ID Number:

(Last 3 on *bacon* of Credit Card / last 4 on *front* of Amex Cards)

AUTHORIZATION

By signing below, you agree Coastal Vineyards Inc and Bacon Freak LLC to charge your Credit Card for the amount of the invoice due.

SIGNATURE

Name:

Title:

Date:

Signature: