



2439-B Rosemead Blvd., South El Monte, CA 91733  
Tel: 626-444-1440 Fax: 626-575-1299

**Customer Application Form**

Date: \_\_\_\_\_

**Business Information**

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
Resale ID #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Business Since: \_\_\_\_\_ State License: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Corporation  
\_\_\_\_\_ Partnership \_\_\_\_\_ Retail  
\_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Wholesale  
\_\_\_\_\_ Other

**Personal Information**

Owners Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_

**Bank Account (Merchant.)**

Name of Bank: \_\_\_\_\_ Tel: \_\_\_\_\_  
Account #: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Trade References**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Your credit card will be placed on file as form of guarantee, for any purchases or charges.**

Agreement: Applicant signature on this application certifies that the information is true correct and complete, and intended to be relied upon for the purpose of this application. The applicant authorizes Mona Mia Collezione to make whatever inquires it considers necessary and appropriate concerning such information, including obtaining credit reports and credit references with the above mentioned companies and bank. The applicant personally guarantee and agrees to pay all bills according to the terms and the applicant understands that a service charge will be assessed on the past due invoices at the highest rate allowed by the laws of USA and the applicant agrees to pay such services charges when billed. Costumer is responsible for all Shipping Rates. (Shipping, Return, Refusals) In the event this account is placed for collections, Customer will be liable of all costs, expenses and disbursements incurred in collecting this account, including attorney fees. 2% visa/master card 3% discover/american express service charge fee.

(If applicant does not sign this form, "Mona Mia Collezione Inc." will not process account.)

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please Attach a copy of Seller's Permit and Driver's License