



A Woman Locally Owned Business  
Wholesale Distribution & Full Line Vending

221 Caillavet St.  
Biloxi, MS 39530

24-Hour Phone:  
228-436-4697

Fax: 228-374-8627

Website: fpcorso.com

## Business Application

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### Company Information

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Accounts Payable Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Landlord: \_\_\_\_\_  
Landlord Phone: \_\_\_\_\_  
Circle One: Incorporated Partnership Sole Proprietor or Doing Business As: \_\_\_\_\_  
Type of Business: Distributor Wholesaler Supermarket Vending Other: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_ Tobacco Permit #: \_\_\_\_\_  
Sales tax #: \_\_\_\_\_ How long has this company been in existence under current name? \_\_\_\_\_  
How long have you been in your current location? \_\_\_\_\_

### Owners, Principals, and Officers

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ ; DL State: \_\_\_\_\_ ; DL expiration date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ ; DL State: \_\_\_\_\_ ; DL expiration date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

### Trade References

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

*Customer References (page 2 of 2)*

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Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

*Bank References*

Bank: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Banker Name: \_\_\_\_\_ Circle one: Savings Checking Loan Acct #: \_\_\_\_\_

**Terms of Agreement**

- **Credit Terms:** Credit terms are 7 days from date of invoice. Outstanding balances are subject to 1.5% per month interest in addition to any court costs, attorney fees and cost of collection Corso Inc. may incur in enforcing the terms of this agreement.
- **Invoices:** Invoices are sent on same day that an order is delivered. Invoices are payable within terms established for the customer at the time of invoice creation. Any invoice still due one day after stated terms is considered past due. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
- **Collection:** Collection efforts shall begin on all outstanding invoices extending beyond payment terms established for your account. If collection efforts of Corso's have failed to produce payment, an account is then classified as defaulted. Any defaulted receivable shall be referred to a collection agency within a reasonable time after the final collection letter.
- **Restocking fee:** A 3% restocking fee may apply on returns exceeding \$500 in instances where Corso's is not at fault.

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

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

**Personal Guarantee:**

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

The undersigned warrants to Corso Inc., that all information furnished is true, correct and complete in all material aspects and understands payment terms, conditions and policies and agree to abide by them all. The undersigned authorizes Corso Inc. to request credit information from all banks, persons and companies listed on this application and from third party credit bureaus.

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

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