

# MADELAINE CHOCOLATE NOVELTIES, INC.

96-03 BEACH CHANNEL DRIVE

ROCKAWAY BEACH, NY 11693-0166

TEL: (718) 945-1500 (800) 322-1505 FAX: (718) 318-4607

**NEW ACCOUNT:** This credit application must be completed in detail. Allow 4 to 6 weeks for credit to be established. All orders will be shipped payment in advance until credit is established. To avoid delay in shipping send a certified check, money order, or pay by Mastercard/Visa.

NEW    CHANGE    NEW OWNERSHIP

NEW    CHANGE

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Legal Business Name \_\_\_\_\_  
 DBA \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner CEO Name(s) \_\_\_\_\_  
 Owner Address \_\_\_\_\_

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Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Principal Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Year Business Started \_\_\_\_\_ # Listed with D&B \_\_\_\_\_ # Resale # \_\_\_\_\_ # Tax ID # \_\_\_\_\_

**BANK REFERENCE**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ # Account Number \_\_\_\_\_ # Contact Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

**TRADE REFERENCES**

(1) Company Name \_\_\_\_\_ # Account No. \_\_\_\_\_ ( ) Area Code/Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax \_\_\_\_\_

(2) Company Name \_\_\_\_\_ # Account No. \_\_\_\_\_ ( ) Area Code/Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax \_\_\_\_\_

(3) Company Name \_\_\_\_\_ # Account No. \_\_\_\_\_ ( ) Area Code/Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax \_\_\_\_\_

(4) Company Name \_\_\_\_\_ # Account No. \_\_\_\_\_ ( ) Area Code/Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax \_\_\_\_\_

I (WE) AUTHORIZE MADELAINE CHOCOLATE NOVELTIES TO INQUIRE AND VERIFY CREDIT INFORMATION. IT IS UNDERSTOOD THAT A PHOTOCOPY OF THIS FORM WILL SERVE AS AUTHORIZATION. THE INFORMATION OBTAINED IS ONLY TO BE USED IN DETERMINING AND EXTENDING A CREDIT LINE TO AFOREMENTIONED COMPANY.

SIGNATURE OF OWNER/CEO \_\_\_\_\_  
 MUST BE SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 See Reverse For Additional Information

**SHIPPING POLICY**

Any shipment over 200 lbs. can be shipped UPS 100 Weight.

**TRUCK:** All orders are F.O.B. FACTORY. Our shipments are sent Freight Collect and you are responsible for payment on delivery. If you are unable to pay at point of delivery, you can make arrangements in advance with the freight company. Please be advised that all prices are subject to change without notice.

You may select the freight company that you wish to deal with and if possible we will comply. If you do not have a preferred trucker, please call and we will assist you in choosing one that we are presently dealing with. During the summer time, refrigeration must be used.

**U.P.S.:** UPS charges are prepaid and added to your invoice. On UPS deliveries, you are charged by weight and per carton. During summer months, coolers are necessary, and available at an additional cost.

**BELOW PLEASE LIST BY PREFERENCE 3 FREIGHT COMPANIES YOU PRESENTLY DEAL WITH.  
DURING SUMMER MONTHS REFRIGERATED TRUCKING MUST BE USED.**

#1 _____	TEL. NO. _____
#2 _____	TEL. NO. _____
#3 _____	TEL. NO. _____
REFRIGERATED TRUCK _____	TEL. NO. _____

**COMMENTS**

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