



**Credit Application**

**TSAR NICOULAI CAVIAR, LLC**

**BILLING INFORMATION**

Company Name		E-mail	Telephone ( )	Date
Delivery Address		City	State	Zip
Mailing Address (If different from delivery)		City	State	Zip
Bank	Branch	Account No.		
Bank Address		Telephone ( )		

**COMMERCIAL TRADE REFERENCES**

1	Name	Telephone ( )	Fax number ( )
	Address		
2	Name	Telephone ( )	Fax number ( )
	Address		
3	Name	Telephone ( )	Fax number ( )
	Address		

**PERSONS AUTHORIZED TO PURCHASE**

1	Name	Title	2	Name	Title
3	Name	Title	4	Name	Title

Purchase Order Required  Yes  No Estimated Monthly Purchase \$ \_\_\_\_\_ .00 Type of Business \_\_\_\_\_

Years In Business \_\_\_\_\_ Partnership, Corp, Etc. \_\_\_\_\_ Name of Owner Or President \_\_\_\_\_

Please provide the appropriate form(s) for all states and tax jurisdictions applicable to your organization, and complete the following:

Type of Exemption:  Resale  Non-Profit  Government

Resale/Exemption Number(s) \_\_\_\_\_

I hereby certify the information listed above is correct . In establishing an account you agree to pay Tsar Nicoulai for all purchases charged to your account at the time of purchase. Payment is due 14 days from the date of the invoice. Any accounts with unpaid amounts over the 14 days will be deemed delinquent and subject to a monthly service charge of 2% or a minimum of \$5.00. Accounts with unpaid amounts over 90 days will be placed on COD or will be closed and turned over to collection agency.

I/We understand and agree to the terms and conditions of establishing credit as set forth above. I hereby authorize the blank reference(s) listed above to release all requested credit or financial information on our account(s).

**Tsar Nicoulai Caviar, LLC**  
 60 Dorman Ave  
 San Francisco, CA 94124  
 FAX 415 / 543 - 5172      415 - 543 - 3007  
 www.tsarnicoulai.com