



美國 **廣東食品公司**
CANTON FOOD CO.

750 S. Alameda St., Los Angeles, CA 90021-1624

Tel: (213) 688-7707 **Fax:** (213) 688-1121

Email: Corporate@cantonfoodco.com

FREQUENT BUYER APPLICATION

AVAILABLE TO BUSINESS CUSTOMERS ONLY

Apply now to be a Frequent Buyer Card member where membership can earn rebate money. Our **Frequent Buyer** program is specially designed to reward those customers who frequently shop with us. It will from time to time provide our customers even greater savings with in store special day discounts or give away. The more you shop the greater the rebates and the greater the opportunities for other rewards. It also enrolls you to be eligible for promotion programs. If you are a business and are purchasing by company check and / or you wish to be exempt from paying sales tax for certain items to be resold, then you must fill out this application.

Purchasing by company check. You are **REQUIRED** to be a Frequent Buyer member for those customers who wish to pay for their purchases by company check. The check writing criteria is as follows: The dollar amount of the first 25 checks is limited to \$750.00 and funds must be verified for 3 times the amount of the check or \$1,000.00 whichever is greater. There is a 3 days grace period in which you may issue another check. Once you have issued 25 checks without any incident, the grace period of 3 days restriction will no longer apply but the verification of funds for 3 times the check amount is still required. A copy of a valid California license must be on file at all times. We apologize: only company checks with preprinted address will be accepted.

Purchasing by cash. Customer's paying by cash need not be a member, but we do encourage our customers to take advantage of the additional savings provided to Frequent Buyer members.

Sales tax exemption. You are **REQUIRED** to be Frequent Buyer member for those customers that purchase items that are to be resold at their establishment, such as sodas and beer for our restaurant customers; **OR** sodas, beer, kitchenware, cleaning supplies, etc. for distributors, jobbers, wholesalers. To be exempt from paying sales tax, customers **must** include their resale number on the application, signed certificate and must also have a beer and wine license for those customer to be exempt from paying sales tax on beer and wine.

To ensure Frequent Buyer points, you must give your member number or business address to our cashiers each time you shop. Should you have any questions about this program, please contact our helpful customer service team.

Thank you for your application. You can acquire your membership number by giving the cashier your address on your next visit. Any membership with no activities for six consecutive months will be revoked.



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OFFICE USE: NEW ☐ UPDATE ☐ CUST# _____

OLD CUST # (If any) _____ IS OLD CUST: ☐ FB or ☐ NON FB

OLD BUSINESS NAME: _____

REFERRED BY: _____ OR ☐ WALK-UP

*Required

BUSINESS NAME*: _____ **DATE***: _____

Business Address*: _____ (No P.O. Box / Out of State Address will be Accepted)

City*: _____ State*: _____ Zip Code*: _____

Mailing Address (NO P.O. BOX): _____

City: _____ State: _____ Zip Code: _____

Business Telephone Number*: () _____ Fax No: () _____

E-Mail Address*: _____

Website: _____

Business License Number* (Address above must match business license): _____

Contact Name: _____ Title/Position: _____

Owner Name: _____

TYPE OF BUSINESS: PLEASE CHECK ONE*

☐ RESTAURANT / CATERING / LUNCH TRUCK / STREET VENDOR: ☐ AMERICAN ☐ ASIAN ☐ LATIN
☐ OTHER _____

☐ WHOLESALE ☐ DISTRIBUTOR ☐ GROCER ☐ MANUFACTURER ☐ OTHER _____

A COPY OF THE LICENSES MUST BE PROVIDED FOR OUR RECORDS TO BE SALES TAX EXEMPT

☐ California Seller's Permit Number: _____ Issued Date: _____
(Signature must be on resale certificate)

☐ Beer & Wine License Number: _____ Expiration Date: _____
(Both resale permit & certificate must be provided to be sales tax exempted)

The following must be filled out, only if customer plans to pay for their purchases by company/business check from a California bank. The undersigned guarantee the obligation of the above name and assume full responsibility for the payment of any unpaid obligations. A COPY OF DRIVER LICENSE MUST BE PROVIDED FOR OUR RECORD. IF OUT OF STATE DRIVER LICENSE, THEN A CALIFORNIA RESIDENT ADDRESS MUST BE PROVIDED. NO P.O.BOX ADDRESS ARE ACCEPTED

Authorized Signature on Check: _____

Name: _____ Title / Position: _____

California Driver's License Number: _____ Expiration Date: _____

Social Security Number: _____ Federal Tax I.D. Number: _____

Current Home Address (NO P.O. BOX): _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Cell Phone Number: () _____

Please Provide Copy of Void Check: (Must be a CALIFORNIA BANK or INSTITUTION)

Bank/Financial (Business) Institution Name: _____

Business Checking Account Number: (1) _____ (2) _____

CLEAR

PRINT

EMAIL