

BUSINESS INFORMATIONS

Tax ID No:	_____	Email:	_____
Company:	_____	Telephone No:	_____ # of Employees: _____
Address:	City, State, Zip Code		____/____/____

BANK INFORMATIONS for MARKETING and Online orders ONLY

To activate your account
 We need to learn more about you and your business before you can process your payments. The information you provide will only be for the use of ACH transactions withdraw/deposit and only visible to the account owner and administrator.

Bank Name:	_____	Account Type:	_____
Contact Name:	_____	Routing No:	_____
Cell Phone No:	_____	Checking No:	_____
Date of Birth:	_____	SSN #:	_____ Voided Check# <input type="checkbox"/>

Business Owner more than 50%

President/ Partner 50% or more

Partner 50% or more

I, _____, authorize **Cieqa / BostonDelish** to charge my bank account above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

This is a 24 months contract and Credit Card authorization. You may cancel this authorization with registered mail notification 60 days prior of automatic renewal. This authorization will remain in effect until cancelled

Initial _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____