

New Account Assessment Form

Dear Business Owner/Operator/Manager,

Please find attached our New Account Assessment Form which allow us to determine whether you will be eligible for our Carbon's Waffle Equipment Program and to determine the number of waffle irons we can lend you¹. It will also assists our reps to gather information vital to creating the account with us and facilitate the delivery of the equipment.

Please we ask you to do your best to fill as a many fields as you are able to enter to avoid any delays in the process.

Thank You Kindly,

Accounts Department
Waffles International

¹ Subject to the Terms and Conditions outlined in Waffles International's ELA (Equipment Loan Agreement)



Business Name: _____ Phone #: _____
 Contact Name: _____ Phone #: _____
 Business Address: _____ Phone #: _____
 Location Address (if different): _____ Phone #: _____
 Email: _____ Fax #: _____ Hours: _____
 No. of Years in Business: Total (after incorporating): _____ At this current location: _____
 Please tell us what is your position in the company: _____
 Years (or months) with the company: _____

Please check the ones that apply to your business (you may check more than one)

Business type:

- | | |
|---|--|
| <input type="checkbox"/> Restaurant/Diner | <input type="checkbox"/> Hotel/Lodging |
| <input type="checkbox"/> Café | <input type="checkbox"/> Supermarket/Grocery Store |
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Ice Cream Parlour | <input type="checkbox"/> Non-profit Organization/Charity |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Aramark/Compass/Sodexo |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Other, please specify: _____ |

Are you leasing the building at this current location:

- Yes No

If Yes Please provide Landlords contact information:

Landlord:

Name: _____

Address: _____

Phone Number (s): _____

For Full Service Restaurants: Number of Seats: _____

For Hotels/Lodging: Number of Rooms: _____

Estimated number of waffles expected to be served monthly: _____

Is your business seasonal: Yes No,

If Yes, please tell us when: from _____ to _____

Is your location currently open/operating: Yes No

If No, when is opening date: _____

Waffle equipment requested:

Total Number of Irons: _____ Equipment Type: _____

Date requested: _____

Products Interested: _____

Current Food Distributor(s): _____

I certify that all information entered is to the best of my ability accurate and true. I understand that untrue and inaccurate information entered in this form may result in Waffles International withdrawal from proceeding with signing a loan agreement for the equipment.

Signature

Name