



# CREDIT CARD ACCOUNT APPLICATION

## BUSINESS INFORMATION

ACCOUNT NAME: \_\_\_\_\_ IS THIS A DBA:  YES  NO

LEGAL NAME: \_\_\_\_\_

CORPORATION  PARTNERSHIP  L.L.C.  L.L.P.  SOLE PROP.  OTHER \_\_\_\_\_

RESALE NUMBER: \_\_\_\_\_ D&B # \_\_\_\_\_ PREMISES OWNED:  YES  NO

DATE ESTABLISHED: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_ (Restaurant/Caterer/Bakery/Etc)

SHIPPING ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

MAIN TEL: \_\_\_\_\_ KITCHEN: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

## ORDER CONTACT(S)

NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

TEL / CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

TEL / CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PRINCIPAL OWNERS / OFFICERS

**OWNER/OFFICER #1** | NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ SOCIAL SEC. #: \_\_\_\_\_ DRIVERS LIC. #: \_\_\_\_\_

**OWNER/OFFICER #2** | NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ SOCIAL SEC. #: \_\_\_\_\_ DRIVERS LIC. #: \_\_\_\_\_



# CREDIT CARD ACCOUNT APPLICATION

## CREDIT CARD INFORMATION

Credit Card Type *(check one)*:

MasterCard     Visa     American Express

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV\* *(No longer allowed to keep on file)*

Name as appears on card: \_\_\_\_\_

Credit Card Billing Address *(if different from above)*:

Street name & number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ONCE YOUR ACCOUNT IS APPROVED, YOU WILL HAVE ACCESS TO OUR WHOLESALE / COMMERCIAL PRICING. NOTE THAT ONLINE ORDERING IS NOT CURRENTLY AVAILABLE FOR WHOLESALE / COMMERCIAL ACCOUNTS. YOU MUST PLACE YOUR ORDERS BY PHONE AT 866-924-3373 OR BY FAX TO: 626-570-6999. PRICING WILL ONLY BE EXTENDED TO ENTITIES ACTIVELY INVOLVED IN THE FOOD INDUSTRY, OPERATING FROM A COMMERCIAL FACILITY.

I/WE THE UNDERSIGNED WARRANTS THAT THE INFORMATION PROVIDED ON THIS ACCOUNT APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF.

INVOICES WILL BE CHARGED TO THE AUTHORIZED CREDIT CARD LISTED ABOVE ON THE DAY THAT THE ORDER IS SHIPPED. A COPY OF THE CREDIT CARD TRANSACTION RECEIPT WILL BE SENT WITH YOUR INVOICE. IN ORDER TO CHANGE THE CREDIT CARD ON FILE, A NEW AUTHORIZATION FROM MUST BE SUBMITTED. IF THE CREDIT CARD IS DECLINED, THE ORDER WILL BE HELD FOR 24 HOURS UNTIL AN ALTERNATE CREDIT CARD IS PROVIDED. IF ALTERNATE PAYMENT IS NOT PROVIDED WITHIN 24 HOURS, ORDER WILL BE CANCELLED. ALL SPECIAL ORDER ITEMS WILL BE CHARGED AT THE TIME THE ORDER IS PLACED. SORRY, BUT WE CANNOT ALLOW CANCELLATIONS ON SPECIAL ORDERS ONCE THE ORDER HAS BEEN CONFIRMED.

I / WE HAVE READ AND UNDERSTAND THE ABOVE TERMS AND AUTHORIZATION.

COMPANY NAME: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ACCOUNT APPLICATION CANNOT BE PROCESSED WITHOUT THIS PAGE COMPLETED, SIGNED & RETURNED**