



STANDARD ACCOUNT & CREDIT APPLICATION

BUSINESS INFORMATION

ACCOUNT NAME (dba Y / N): \_\_\_\_\_

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)

1) NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ TEL / CELL: \_\_\_\_\_

2) NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ TEL / CELL: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT(S)

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

A/P TEL: \_\_\_\_\_ A/P FAX: \_\_\_\_\_ A/P 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. #: \_\_\_\_\_

OWNER/OFFICER #3 | NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

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

**BANKING INFORMATION**

BANK NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

BANK TEL: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**TRADE REFERENCES**

PLEASE LIST THREE CURRENT TRADE REFERENCES THAT WE MAY CONTACT:

*DO NOT list Wine / Alcohol Distributors as they are prohibited from releasing credit information by ABC regulations.*

COMPANY NAME: \_\_\_\_\_ ACCOUNT # <sup>(IF KNOWN)</sup> \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCOUNT # <sup>(IF KNOWN)</sup> \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCOUNT # <sup>(IF KNOWN)</sup> \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**TERMS OF SALE**

**INVOICE DEDUCTIONS:** INVOICE DEDUCTIONS ARE NOT AUTHORIZED. ANY ITEMS REFUSED AND/OR RETURNED WILL BE PROCESSED AS A CREDIT TO YOUR ACCOUNT WITH 24 HOURS OF THE RETURN PENDING MANAGEMENT APPROVAL AND AT OUR SOLE DISCRETION.

**RETURNS:** ALL REQUESTS FOR RETURNS MUST BE MADE BY CONTACTING OUR OFFICE WITHIN 48 HOURS OF RECEIPT OF GOODS. ITEM(S) MUST BE RETURNED IN THE SAME CONDITION IN WHICH THEY WERE DELIVERED. OPENED AND/OR DAMAGED ITEMS WILL BE SUBJECT TO A RESTOCKING FEE AND/OR MAY BE REFUSED IF PRODUCT IS DEEMED NOT RESALABLE. UNDER NO CIRCUMSTANCES WILL RETURNS BE ACCEPTED AFTER 7 DAYS FROM DELIVERY. DRIVERS CAN ONLY ACCEPT RETURNS FOR ITEMS PREVIOUSLY DELIVERED WITH PRIOR AUTHORIZATION FROM OUR OFFICE.

**CREDITS:** CHECKS ARE NOT ISSUED FOR ANY CREDIT. CREDITS, ONCE APPROVED, WILL BE ISSUED TO YOUR ACCOUNT AND A COPY OF THE CREDIT MEMO WILL BE SENT TO YOU.

**DAMAGED / DEFECTIVE GOODS:** DAMAGED / DEFECTIVE / EXPIRED GOODS DELIVERED DIRECTLY BY US SHOULD BE REFUSED UPON DELIVERY AND NOTED ON INVOICE. UNDER NO CIRCUMSTANCES WILL CLAIMS FOR DAMAGED / DEFECTIVE / EXPIRED GOODS BE ACCEPTED AFTER 48 HOURS FROM RECEIPT OF GOODS. ANY CLAIMS FOR DAMAGED GOODS DELIVERED BY A 3<sup>RD</sup> PARTY CARRIER (I.E. FEDEX, UPS, Etc.) MUST BE FILED DIRECTLY WITH THE CARRIER. IN ALL INSTANCES OF CLAIMS FOR DAMAGED / DEFECTIVE / EXPIRED GOODS, GOURMET IMPORTS, OR THE CARRIER MAY REQUIRE THE GOODS TO BE RETURNED FOR EVALUATION & SUBSTANTIATION OF CLAIM.

**TERMS OF CREDIT**

IF GRANTED CREDIT BY GOURMET GROUP INTERNATIONAL, INC. dba GOURMET IMPORTS (HEREAFTER REFERRED TO AS GOURMET IMPORTS), I / WE, THE UNDERSIGNED, (HEREAFTER REFERRED TO AS PURCHASER) AGREE TO PAY ALL INVOICES WITHIN 20 DAYS OF INVOICE DATE. IT IS AGREED AND UNDERSTOOD THAT MY / OUR ACCOUNT MAY PLACED ON CREDIT HOLD IF I / WE FAIL TO PAY WITHIN THE STATED TERMS (20 DAYS) – CONTINUED LATE PAYMENT OR NSF CHECKS MAY RESULT IN ACCOUNT BEING PLACED ON C.O.D. STATUS. PURCHASER ALSO AGREES AND UNDERSTANDS THAT INVOICE(S) THAT ARE NOT PAID WITHIN 40 DAYS WILL ACCRUE A FINANCING CHARGE OF 1.5% PER MONTH (18% APR).

PURCHASER UNDERSTANDS AND AGREES THAT IF IT BECOMES NECESSARY FOR GOURMET IMPORTS TO TAKE LEGAL ACTION FOR THE COLLECTION OF ANY DELINQUENT INVOICE(S), PURCHASER AGREES TO BEAR ALL COLLECTION AND COURT FEES INCLUDING ATTORNEY FEES OF 25% OF THE UNPAID BALANCE OWED.

PURCHASER UNDERSTANDS AND AGREES THAT THEY SHALL NOTIFY GOURMET IMPORTS BY CERTIFIED MAIL OF ANY CHANGE OF OWNERSHIP, OR ANY INFORMATION PROVIDED ON THIS APPLICATION. IN THE EVENT THAT PURCHASER FAILS TO NOTIFY GOURMET IMPORTS IN WRITING BY CERTIFIED MAIL OF ANY CHANGES, PURCHASER SHALL BE LIABLE FOR ALL CREDIT EXTENDED PRIOR TO SAID WRITTEN NOTIFICATION AS THOUGH NO CHANGES IN FACT OCCURRED, WITHOUT PREJUDICE TO PURCHASER’S RIGHT TO PROCEED, ADDITIONALLY, AGAINST ANY SUCCESSORS.

I / WE, THE UNDERSIGNED HAVE READ THE TERMS OF THIS AGREEMENT, AND UNDERSTAND THAT RECEIPT OF AN ORDER FROM GOURMET IMPORTS INDICATES ACCEPTANCE OF THE TERMS DESCRIBED HEREIN. I/WE THE UNDERSIGNED WARRANTS THAT THE INFORMATION PROVIDED ON THIS ACCOUNT/CREDIT APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF, AND UNDERSTAND THE A FALSE CLAIM CAN RESULT IN LOSS OF CREDIT TERMS.

I / WE, THE UNDERSIGNED, AUTHORIZE GOURMET IMPORTS TO VERIFY ANY, TRADE, BANK AND CREDIT BUREAU INFORMATION AS DEEMED NECESSARY TO ESTABLISH CREDIT AND HEREBY AUTHORIZE THE RESPECTIVE, ABOVE LISTED REFERENCES TO RELEASE SAID INFORMATION TO GOURMET IMPORTS.

I/WE THE UNDERSIGNED JOINTLY AND SEVERALLY PERSONALLY GUARANTEE PAYMENT OF ALL AMOUNTS INCURRED BY THE COMPANY SET FORTH ABOVE.

**I / WE HAVE READ, UNDERSTAND & AGREE TO THE ABOVE TERMS AND CREDIT RELEASE AUTHORIZATION(S).**

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

OWNER / OFFICER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

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

OWNER / OFFICER NAME: \_\_\_\_\_ TITLE : \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

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

**APPLICATION CANNOT BE PROCESSED WITHOUT THIS PAGE COMPLETED, SIGNED & RETURNED BY AN OWNER/OFFICER**