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# NEW ACCOUNT APPLICATION

**BILL TO:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Billing E-Mail: \_\_\_\_\_  
Billing Contact: \_\_\_\_\_

**OWNER INFORMATION:**

Name/Title: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**BANK INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_

**REFERENCES (FOOD SUPPLIERS ONLY):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

**SHIP TO:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Cross Street: \_\_\_\_\_  
Delivery Entrance/Hours: \_\_\_\_\_  
Purchasing E-Mail: \_\_\_\_\_  
Purchasing Contact: \_\_\_\_\_  
Purchasing Phone: \_\_\_\_\_

Corporation      In Business Since: \_\_\_\_\_  
 Partnership      Tax I.D./S.S #: \_\_\_\_\_  
 Individual      Re Sale Lic. # \_\_\_\_\_

Account #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
EXP DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

To avoid any unnecessary delays, please complete ALL items on this application.

Return to Gourmet Express: 360 Harbor Way, South San Francisco, CA 94080 or Fax to (650)692-8340.

I certify that this information is true and correct and authorize Gourmet Express to verify this information with the parties listed above. In the event invoices on my account are unpaid after 90 days, Gourmet Express is hereby authorized to charge the above credit card any balance over 90 days old plus a processing fee.

Signature: \_\_\_\_\_

Acct. # \_\_\_\_\_

**For Office Use Only:**

Date: \_\_\_\_\_

SR #: \_\_\_\_\_ Terr. # \_\_\_\_\_

Order #: \_\_\_\_\_ Call Card \_\_\_\_\_

Terms: \_\_\_\_\_

Initial: \_\_\_\_\_