



Visit us on the Web @ www.GourmetXpress.com

NEW ACCOUNT/ CREDIT 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 #: _____

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: _____

REFERENCES (FOOD SUPPLIERS ONLY):

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

To avoid any unnecessary delays, please complete ALL items on this application.
Return to Gourmet Express: PO Box 820, Millbrae, CA 94030 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. # _____

SR #: _____ Terr. # _____

Terms: _____

For Office Use Only:

Date: _____

Order #: _____ Call Card _____

Initial: _____