



This form must be filled out by a company representative in order to establish credit and limits. Once completed please email to: Info@gourmetint.com

Date _____ Sales Representative _____ Requested Credit Limit \$ _____

SECTION 1: COMPANY INFORMATION

Full Legal Business Name, Including DBAs _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Fax _____ Email _____

Federal Tax ID. Number _____ Tax Certification Attached _____

Partner Ship Corporation Proprietorship LLC

Nature on Business _____ Date Established _____ DUNS Number _____

Business License Permit Number _____ Company Website _____

Does The Business Operate In More than One State Yes No

If Yes Please List All States _____

SECTION 2: CONTACT INFORMATION

Buyer Name _____ Phone _____ Email _____

Accounts Payable Name _____ Phone _____ Email _____

Warehouse Receiving Name _____ Phone _____ Email _____

Store Manager _____ Phone _____ Email _____

Additional Names _____ Phone _____ Email _____

Additional Names _____ Phone _____ Email _____



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SECTION 3: BANKING

Bank Name _____ Account # _____

Checking Account # _____ Savings Account # _____ Loan Account # _____

Bank Contact Name _____ Bank Contact Phone _____

Bank Contact Email _____

Bank Name _____ Account # _____

Checking Account # _____ Savings Account # _____ Loan Account # _____

Bank Contact Name _____ Bank Contact Phone _____

Bank Contact Email _____

I hereby authorize Gourmet International to contact my bank to obtain a reference to evaluate this credit application.

Signature _____

This person must be an authorized representative on the reference bank accounts.

Number of Employees _____ Estimated Annual Sales _____

Has this company or any of its principals ever filed for bankruptcy? Yes No

If yes please explain: _____

Other Business Debts

Name _____ Address _____ Balance _____

Name _____ Address _____ Balance _____

Name _____ Address _____ Balance _____

Name _____ Address _____ Balance _____



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SECTION 4: TRADE REFERENCES

Name _____ **Email** _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Name _____ **Email** _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Name _____ **Email** _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Name _____ **Email** _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

SECTION 5: TRADE NAME OF OWNERS, OFFICERS, AND PERSONS RESPONSIBLE FOR THE ACCOUNT

Name _____ **Social Security #** _____ **Title** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Name _____ **Social Security #** _____ **Title** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Name _____ **Social Security #** _____ **Title** _____

Address _____ **City** _____ **State** _____ **Zip** _____

In consideration of credit being extended by Gourmet International, LTD, to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Gourmet International LTD, the faithful payment, when due, of all account balances of said applicant for purchases made. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to the applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect of any security held by Gourmet International LTD, extension of time of payment to applicant, acceptance of partial compromise, all other notices to which the undersigned guarantor might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this person guarantee may not be revoked. A facsimile signature below the personal guarantee will the same legal effect as a legal signature.

Signature _____ **Printed Name** _____

Signature _____ **Printed Name** _____

To comply with tax regulations, you must provide a current Sales Tax Certificate or Exemption for each state you sell product in.