



GOURMET IMPORTS
A DIVISION OF GOURMET GROUP INTERNATIONAL, INC.
STANDARD ACCOUNT/CREDIT APPLICATION

BUSINESS INFORMATION

ACCOUNT NAME (dba Y / N): _____

LEGAL NAME: _____

CORPORATION PARTNERSHIP L.L.C. SOLE PROP. OTHER _____

DATE ESTABLISHED: _____ PREMISES OWNED: YES NO

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

MAIN TEL: _____ KITCHEN: _____ FAX: _____

PRINCIPAL OWNERS OR OFFICERS

OWNER/OFFICER: NAME: _____ TITLE: _____

HOME ADDRESS: _____

SOCIAL SECURITY #: _____ DRIVERS LIC. #: _____

OWNER/OFFICER: NAME: _____ TITLE: _____

HOME ADDRESS: _____

SOCIAL SECURITY #: _____ DRIVERS LIC. #: _____

OWNER/OFFICER: NAME: _____ TITLE: _____

HOME ADDRESS: _____

SOCIAL SECURITY #: _____ DRIVERS LIC. #: _____

BANKING INFORMATION

BANK NAME: _____ ACCOUNT # _____

ADDRESS: _____ CITY: _____

BANK TEL: _____ CONTACT: _____



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OTHER INFORMATION

NAME OF PERSON WHO MAY SIGN REMITTANCE CHECKS: _____

ACCOUNTS PAYABLE CONTACT NAME: _____

A/P TEL: _____ A/P FAX: _____

PURCHASE ORDERS REQUIRED: YES NO

NAME(S) OF PERSON(S) AUTHORIZED TO PLACE ORDERS: (If not restricted, please mark N/A below.)

TRADE REFERENCES

PLEASE LIST THREE CURRENT TRADE REFERENCES THAT WE MAY CONTACT:

(Note: Please do not list Wine & Spirit Distributors, as most of them will not provide credit information.)

NAME: _____

TEL: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ CONTACT: _____

NAME: _____

TEL: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ CONTACT: _____

NAME: _____

TEL: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ CONTACT: _____



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PLEASE READ THE FOLLOWING TERMS OF SALE; SIGN, DATE & RETURN.

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 OCCERED, 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 AND UNDERSTAND THE ABOVE TERMS AND AUTHORIZATION.

SIGNATURE: _____ DATE: _____

TITLE: _____ SOCIAL SECURITY #: _____

SIGNATURE: _____ DATE: _____

TITLE: _____ SOCIAL SECURITY #: _____

SIGNATURE: _____ DATE: _____

TITLE: _____ SOCIAL SECURITY #: _____

ON BEHALF OF (COMPANY NAME): _____