

# Gourmet to Go

*For Gourmet to Go Use Only*

Account No. \_\_\_\_\_

QB: \_\_\_\_\_

EM: \_\_\_\_\_

WP: \_\_\_\_\_

To open a house account, fill out and return this form.

PLEASE PRINT OR TYPE

Company Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Comptroller or CFO: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Municipality or City for Sales Tax Purposes: \_\_\_\_\_

If you are a non-profit, religious, or governmental agency, please include your tax exemption number: \_\_\_\_\_

(IN ORDER TO QUALIFY FOR TAX EXEMPTION, WE MUST RECEIVE A COPY OF YOUR CERTIFICATE OF EXEMPTION WITH THIS FORM.)

Persons Authorized to Use this Charge Account (Please print first and last names):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Authorized representative agreeing to terms and conditions of account:*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

All amounts are due 30 days from date of invoice.

Interest will be applied to all past due invoices at the rate of 1.5% per month.

Thank you. We appreciate your business and look forward to serving you!

**Telephone: 303.762.1212 --- Fax: 303.762.1199**

**www.gourmettogo-denver.com**