



CREDIT APPLICATION INSTRUCTIONS

Thank you for your interest in establishing an account with Gourmet International! In order to open an account for your company we require the completion and return of our Credit Application and Terms & Conditions of Sale.

Section 1 of the Credit Application must be completed in full. Sections 2 and 3 can either be filled out on the form or by attaching a document that your company may have already created. Section 4 must be completed for all applicants, and for proprietorships and partnerships, as we require the names and social security numbers of the owners. For corporations, we require the names and titles of the officers of the corporation.

The Credit Application and Terms & Conditions of Sale must be signed by someone legally empowered to bind your company. Persons meeting this test would be as follows:

Sole Proprietorships	The Owner
Partnerships	The Majority Partner
Limited Partnerships	General Partner
Limited Liability Company (LLC)	The Managing Partner
Corporations	Officer (President; VP; CFO, etc.)

If you are doing business in the State of Michigan, and wish for us to not add sales tax to your purchases, the law requires that we have on file a current and complete Michigan Sales and Use Tax Certificate of Exemption. Please fill out the attached form we have provided or submit your own resale certificate.

Once you have completed the required forms, please scan and email to tiffany.newman@gourmetint.com or fax (800) 684-0725. If you have any questions regarding our credit policy or your account, please feel free to contact me directly at (616) 288-0746.

Sincerely,

Tiffany L Newman
Account Credit Manager
Email: tiffany.newman@gourmetint.com



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CREDIT APPLICATION

SECTION 1

COMPANY INFORMATION - PLEASE COMPLETE THIS SECTION EVEN IF ATTACHING OTHER DOCUMENTS

Full Legal Business Name, Including DBA'S		
Address		
City	State	Zip Code
Federal Tax I.D. Number		

Nature of Business		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Date Established	Phone ()	
How Long in Business	FAX ()	Tax Exempt (Attach Completed Resale Card) <input type="checkbox"/> Yes # _____ No <input type="checkbox"/>
Does State, County or City Require a License?	State	
Nature of Business	Date Started	

SECTION 2

SUPPLIERS or TRADE REFERENCES INFORMATION ATTACHED

Name	E-mail	Phone/Fax
Address	City	State Zip Code

Name	E-mail	Phone/Fax
Address	City	State Zip Code

Name	E-mail	Phone/Fax
Address	City	State Zip Code

Name	E-mail	Phone/Fax
Address	City	State Zip Code

SECTION 3

BANK REFERENCES SEE ATTACHED

Name	Account Number	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Loan <input type="checkbox"/>
Address	City	State	Zip Code	Phone ()

Name	Account Number	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Loan <input type="checkbox"/>
Address	City	State	Zip Code	Phone ()

No. Of Employees: _____	Est. Annual Sales \$ _____
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Has the Firm or any of its Principals ever been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, Explain _____

Other Business Debts

Name	Address	Balance Due

Accounts Payable Mgr: _____
Name Email

Buyer: _____
Name Email

Receiving Manager: _____
Name Email

Store Manager: _____
Name Email

SECTION 4

NAMES OF OWNERS, OFFICERS or PERSONS RESPONSIBLE FOR ACCOUNT *(must be completed)*

Name and Home Address	Ownership Interest (Owner, Partner, %Shareholder, etc.)	Social Security Number

Applicant's signature attests financial responsibility, ability and willingness to pay within established terms. Past due accounts are subject to collection and legal expenses are to be paid by the purchaser when past due invoices are submitted for collection through agency, attorney or court.

The applicant hereby authorizes and instructs any person, company or credit reporting agency to compile and furnish any information concerning the applicant and/or the company.

I hereby certify that I am authorized and empowered to execute this agreement on behalf of the entity named above, and to bind the entity thereby. I represent and warrant that all of the information above is true and correct, and understand that Gourmet International is relying on that information in determining to extend credit. I give permission to your company to investigate and verify my credit record and furnish information concerning this account to credit reporting agencies or other who may properly receive the information.

Name _____ Signature _____ Title _____ Date _____

Name _____ Signature _____ Title _____ Date _____

- PERSONAL GUARANTEE -

In consideration of credit being extended by GOURMET INTERNATIONAL, INC. to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a 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 accounts of said applicant for the purchases made. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to 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 to any security held by GOURMET INTERNATIONAL, LTD., extension of time of payment to applicant, acceptance of partial com promise, 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 personal guarantee may not be revoked. A facsimile signature below of this personal guarantee will have the same legal effect as a legal signature.

Signature _____ Signature _____

CREDIT DEPARTMENT USE ONLY

Date Line of Credit Approved _____

Date Line of Credit Denied _____

COMMENTS: _____

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

- A. One-Time Purchase
Order or Invoice Number: _____
- B. Blanket Certificate. Recurring Business Relationship
- C. Blanket Certificate
Expiration Date (maximum of four years): _____

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

- All items purchased.
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

- For Lease. Enter Use Tax Registration Number: _____
- For Resale at Retail. Enter Sales Tax License Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

- Agricultural Production. Enter percentage: _____%
- Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
- Contractor (must provide *Michigan Sales and Use Tax Contractor Eligibility Statement (Form 3520)*).
- For Resale at Wholesale.
- Industrial Processing. Enter percentage: _____%
- Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).
- Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).
- Rolling Stock purchased by an Interstate Motor Carrier.
- Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name		Type of Business (see codes on page 2)	
Business Address		City, State, ZIP Code	
Business Telephone Number (include area code)		Name (Print or Type)	
Signature and Title		Date Signed	

Instructions for completing Michigan Sales and Use Tax Certificate of Exemption

Purchasers may use this form to claim exemption from Michigan sales and use tax on qualified transactions. It is the Purchaser's responsibility to ensure the eligibility of the exemption being claimed. All claims are subject to audit. Non-qualified transactions are subject to tax, statutory penalty and interest.

Sellers are required to maintain records, paper or electronic, of completed exemption certificates for a period of four years. Michigan does not issue "tax exempt numbers" and a seller may not rely on a number for substitution of an exemption certificate. Other documentation that sellers in the State of Michigan may accept are the Uniform Sales and Use Tax Certificate approved by the Multistate Tax Commission, the Streamlined Sales and Use Tax Agreement Certificate of Exemption, the same information in another format from the purchaser, or resale or exemption certificates or other written evidence of exemption authorized by another state or country.

SECTION 1:

Place a check in the box that describes how you will use this certificate.

- A) Choose "One-Time Purchase" and include the invoice number this certificate covers.
- B) Choose "Blanket Certificate" if there is a "recurring business relationship." This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser.
- C) Choose "Blanket Certificate" and enter the expiration date (maximum four years) when there is a period of more than 12 months between sales transactions.

Print the vendor's name and address in the area provided.

SECTION 2:

Place a check in the box for "All items purchased" or choose "Limited to" and list the items that are covered by the exemption claim.

SECTION 3:

Place a check in the box that applies and provide the additional information requested for that exemption. The exemptions listed are the most common. If the exemption you are claiming is not listed use "Other" and enter the qualifying exemption.

SECTION 4:

Use the number that describes your business or explain any other business type not provided.

01	Accommodations	09	Transportation
02	Agricultural	10	Utilities
03	Construction	11	Wholesale
04	Manufacturing	12	Advertising, newspaper
05	Government	13	Non-Profit Hospital
06	Rental or leasing	14	Non-Profit Educational
07	Retail	15	Non-Profit 501(c)(3) or 501(c)(4)
08	Church	16	Other

Print the name of the business, address, city, state and zip code. Sign and provide your title (i.e. owner, president, treasurer, etc.). Provide your printed name and date the certificate.

DO NOT SEND THIS EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.