



## CREDIT APPLICATION INSTRUCTIONS

Thank you for your interest in establishing an account with Gourmet International! 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 [sean.sheler@gourmetint.com](mailto:sean.sheler@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,

Sean Sheler  
Accounts Receivable Credit Manager  
Email: [sean.sheler@gourmetint.com](mailto:sean.sheler@gourmetint.com)



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Grand Rapids, MI 49512

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info@gourmetint.com

## 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 # _____ <input type="checkbox"/> No
Does State, County or City Require a License?	State	
Business License Permit No.	DUNS No.	
		Company URL:

### 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?  Yes  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 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, LTD., 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 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 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
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## 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.**

## NEW CUSTOMER DELIVERY FORM

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

Location: \_\_\_\_\_

Receiving Contact Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Receiving Hours:	From	am/pm	To	am/pm
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____

**Delivery Instructions (if applicable)**

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The Dept. Break is from \_\_\_\_\_ to \_\_\_\_\_ every day.

**We have:** (Circle All That Apply)

Life Gate • Hi-Lo • Indoor Delivery • Loading Dock • DSD

**Contact for C.O.D.**

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

Phone: \_\_\_\_\_

**Is a Delivery Appointment Necessary? (Circle One)**

If "yes", please list contact name and phone number:  
(if different than above)

**YES - NO**

\_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE DELIVERY METHOD:**

- GI Truck Delivery (Michigan & Illinois)**
  1. Your delivery day will depend on current delivery schedule within your area.
  2. We do NOT deliver on Saturdays/Sundays or Holidays.
  3. We need to receive your order by 1 p.m. (EST) the day before your delivery.
  4. Any orders below the minimum is subject to being shipped via FedEx.
  5. All first orders, and any other customer that is not approved for terms will need to provide a check to the driver upon delivery.
  
- LTL Delivery**
  1. Please allow up to two weeks for delivery.
  2. Upon delivery; a Bill of Lading requires signature verifying receipt.
  3. If you're a C.O.D. customer, we will ship your order upon securing and processing payment via credit card, check or ACH.
  
- FedEx Delivery**
  1. FedEx charge may include a \$10 cooler box charge in warm climate/seasons.
  2. FedEx cannot be delivered to a residential address or P.O. Box.
  3. Additional charges apply to overnight, rush and/or Saturday delivery.
  4. Customers can use their own FedEx Account Number, if so desired.
  5. Orders too large to ship with FedEx will be shipped via LTL.

**Additional Information/Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_