

ACCOUNT APPLICATION

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BUSINESS INFORMATION

(ATTACH BUSINESS LICENSE/RESALE PERMIT)

STORE FRONT / DBA NAME: _____ TAX ID# _____

LEGAL BUSINESS NAME: _____

ENTITY TYPE: Sole Proprietor Non Profit Partnership LLP Corporation

PREFERRED PAYMENT METHOD: Business Check MasterCard Visa Cash

CREDIT CARD NO: **(REQUIRED)** _____ EXP. DATE: _____

BUSINESS TYPE: Retail Bakery Whlsl Bakery Restaurant Grocery Manufacturer

BILLING / MAILING ADDRESS: _____

BILLING CITY, STATE, ZIP: _____

BILLING PHONE NUMBER: _____

BILLING FAX NUMBER: _____

BILLING EMAIL ADDRESS: _____

SHIP TO ADDRESS: _____

SHIP TO CITY, STATE, ZIP: _____

SHIP TO PHONE: _____

C.O.D. ACCOUNT TERMS

- 1) ALL INVOICES MUST BE PAID UPON DELIVERY.
- 2) IF FOR ANY REASON A CREDIT CARD IS DENIED OR CHECK IS RETURNED, APPLICANT PROMISES TO PAY ALL FEES & INTEREST CHARGES UNTIL THE BALANCE IS PAID IN FULL.
- 3) IF THE ACCOUNT BECOMES DELINQUENT, APPLICANT AGREES TO PAY ALL FEES AND COSTS ASSOCIATED WITH COLLECTION, INCLUDING LEGAL FEES.
- 4) IN A NUTSHELL RESERVES THE RIGHT TO HOLD SHIPMENTS OF ACCOUNTS THAT HAVE OUTSTANDING ACCOUNTS.
- 5) APPLICANT GIVES PERMISSION TO IN A NUTSHELL TO VERIFY ANY BANK OR CREDIT INFORMATION PROVIDED BY APPLICANT.
- 6) ALL RETURNS REQUIRE PRIOR OFFICE APPROVAL. UNOPENED PRODUCT RETURNS ALLOWED UP TO SEVEN DAYS AFTER DELIVERY WHEN STORED PROPERLY. RETURNS DUE TO DAMAGE / QUALITY CONCERNS MUST BE IN ORIGINAL PACKING AND REPORTED TO THE CARRIER AND/OR BCP Inc. IMMEDIATELY.
- 8) ALL PRICING IS SUBJECT TO CHANGE WITHOUT NOTICE.

OWNER INFORMATION

OWNER / PRINCIPAL NAME: _____ HOME PHONE: _____

HOME ADDRESS, CITY, ZIP: _____

OWNER / PRINCIPAL NAME: _____ HOME PHONE: _____

HOME ADDRESS, CITY, ZIP: _____

BANK INFORMATION

BANK NAME: _____ BANK PHONE: _____

CITY, ZIP: _____ ACCOUNT NO: _____

DELIVERY INFORMATION

WEEK DAYS CLOSED: SU M TU W TH F SA HOURS: _____

PURCHASING CONTACT(S): _____

DELIVERY INSTRUCTIONS: _____

I / WE, THE UNDERSIGNED APPLICANTS, UNDERSTAND THE ACCOUNT TERMS AS STATED ABOVE AND PERSONALLY GUARANTEE THE PAYMENT OF ALL CHARGES FOR THE ABOVE ACCOUNT.

SIGNATURE: _____

OWNER / PRINCIPAL NAME: _____

SIGNATURE: _____

OWNER / PRINCIPAL NAME: _____