

**CUISINE PEREL  
APPLICATION FOR NET 30 DAY TERMS**

**FAX #: 510.232.0321 - ATTN: ACCOUNTS RECEIVABLE**

Complete Business Name	
Address	
City, State & Zip Code	
Area Code & Telephone #	
Area Code & Fax #	
E-mail	
Contact Name	
Accounts Payable Contact Name	
Direct Telephone # or Extension	
<hr/>	
Name of Bank	
Account Number	
Contact Person's Name at Bank	
Area Code & Telephone #	
Address	
City, State & Zip Code	
Trade References (minimum 3):	
Business name	
Your account # if known	
<b>Fax Number Only</b>	
<hr/>	
Business name	
Your account # if known	
<b>Fax Number Only</b>	
<hr/>	
Business name	
Your account # if known	
<b>Fax Number Only</b>	
<hr/>	
<b>DATE</b>	<b>SIGNATURE</b>
<p>Please note: Invoices not paid within the 30 days will be subjected to a 1.5% finance charge. Terms may also be cancelled and future transactions will be conducted via charge card. If the information requested is not filled out completely your request for credit will be delayed for several weeks if not months - your cooperation is appreciated. Thank you.</p>	