

**Customer Information and  
Application for Credit and Agreement**

Please complete and return to:

Epicurean Fine Foods, Inc.  
d.b.a. Epicurean Foods  
P.O. Box 5940  
Mesa, AZ 85211-5940

Sales Rep: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Federal Tax I.D. #: \_\_\_\_\_ State Tax #: \_\_\_\_\_

Liquor License#: \_\_\_\_\_ How long in business at this address: \_\_\_\_\_ yrs

IF LESS THAN ONE (1) YEAR IN STATE PLEASE GIVE PREVIOUS ADDRESS: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Resort/Hotel: \_\_\_\_\_ Restaurant: \_\_\_\_\_ Deli: \_\_\_\_\_ Other: \_\_\_\_\_

**Partnership or Proprietorship:**

Name	Social Security #	Home Address

**Corporation:**

**Principal Suppliers:**

Corporation:		Principal Suppliers:	
Name	Title	Company Name	Contact/Phone Number

Does company own real property? If YES, give address: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Does individual own real property? If YES, give address: \_\_\_\_\_

Account #: \_\_\_\_\_

**AGREEMENT**

We herein make application to **EPICUREAN FINE FOODS, INC. / EPICUREAN FOODS** for credit and/or to update and reconfirm our existing accounts and balances with **EPICUREAN FINE FOODS, INC. / EPICUREAN FOODS**. If credit is granted, we promise to pay all bills when rendered. In the event payment is not made and this accounts is referred for collection we will pay cost of collection equal to a minimum amount of twenty-five percent of the principal amount. Also, we understand interest on any unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. It is specifically understood that all billing, accounts receivables and credit functions are processed through headquarters in Phoenix, Maricopa County or Tucson, Pima County, AZ. Consequently, it is understood that in the event of suit or action, same shall take place in either Phoenix, Maricopa or Tucson, Pima County, AZ at the option of **EPICUREAN FINE FOODS, INC. / EPICUREAN FOODS**. Customer understands that they are waiving their right to litigate outside of Maricopa or Pima County, AZ. Applicants give their permission to **EPICUREAN FINE FOODS, INC. / EPICUREAN FOODS** and /or its agents to verify and/or supplement the information stated hereon.

By: X \_\_\_\_\_  
Owner/Corporate Officer/Co-Partner

The undersigned agrees to unconditionally guarantee payment of all sums owed pursuant to this Agreement and further agrees to its terms regarding venue. This is intended to be and is a continuing guarantee and shall not be revoked except by written notice to creditor by certified mail.

X \_\_\_\_\_  
Guarantor

X \_\_\_\_\_  
Guarantor (Spouse/Partner)  
**If not married write not married and initial**

X \_\_\_\_\_  
Guarantor

X \_\_\_\_\_  
Guarantor (Spouse/Partner)  
**If not married write not married and initial**

X \_\_\_\_\_  
Accepted by Authorized Agent of EPICUREAN FINE FOODS, INC. / EPICUREAN FOODS

# TRANSACTION PRIVILEGE TAX EXEMPTION CERTIFICATE

I HEREBY CERTIFY,

that I hold valid seller's permit No.: \_\_\_\_\_  
issued pursuant to the sales and Use Tax Law, that I am engaged in the business of selling:

\_\_\_\_\_

and that the tangible personal property described herein which I shall purchase from: Epicurean Fine Foods, Inc/Epicurean Foods will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Business Name: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Title: \_\_\_\_\_