

EuroGourmet  
431 Brown Road  
St. Peters, MO 63376

TEL: 636.970.6400  
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## NEW CUSTOMER APPLICATION

For the purpose of procuring and establishing credit, the undersigned Applicant furnishes the following information that the Applicant warrants that said information is true and correct.

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Legal Name of Business \_\_\_\_\_ Application Date \_\_\_\_\_

Trade Name of Business \_\_\_\_\_

Terms of Sale Requested: **COD** **VISA** or **MASTER CARD**

Business Street Address \_\_\_\_\_ **Phone:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **Fax:** \_\_\_\_\_

Billing Address or P.O Box (If same as above please check box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ **Email:** \_\_\_\_\_  
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### Credit Card Information:

**VISA** or **MASTER CARD** **Account #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_ (Found on the back of the card - The last 3 digits)

Date of Business Established or Incorporated \_\_\_\_\_ Type of Business: \_\_\_\_\_

Legal Construct of Business: **Sole Proprietorship** **Partnership** **Corporation** **LLC**

State of Incorporation: \_\_\_\_\_ Tax Exempt \_\_\_\_\_ (If Yes please attached copy of certificate)

Federal Taxpayer ID: \_\_\_\_\_

Are you a Subsidiary \_\_\_\_\_ or Division \_\_\_\_\_ of Parent Company

If YES - Name of Address of Parent Company: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorization by: \_\_\_\_\_

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