

For over two decades Gilbert's Bakery has been serving ethnic, international and unique food creations of our own to South Florida. During this time we've seen many customers use the same food they enjoy with their families for business purposes. I guess it is a natural transition, good food makes for good relationships. And this is paramount in the business world.

To better serve these growing needs Gilbert's began a program specifically catering to businesses. Today the *Food for Business Program* has grown to include:

- *Special price lists*- outlining products and pricing for typical business uses such as breakfast, gift baskets, platters, and luncheons.
- *Corporate accounts*- for convenient and safe purchase and payment plans.
- *Food for Business Guide*- a compilation of fresh and unique ways successful businesses, like yours, have put our products to work.
- *Delivery service*- that is friendly, convenient and reliable.
- *A letter from Gilbert*- a casual news letter informing you of new products, services, and ideas for business.
- *Roll Call*- a helpful phone call scheduled by request to remind you of regular orders saving you from remembering one more thing.

# Gilbert's

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On Douglas  
1511 S.W. 37th Avenue  
Miami, Florida 33145  
phone (305) 442-2427  
fax (305) 446-7174

*A family at work making food  
that works for you*



# FOOD

for  
business

*Corporate Account  
Application*





APPLICATION FOR CORPORATE ACCOUNT

1. WHO ARE YOUR AUTHORIZED BUYERS?

Print Names and Primary Identification for each:

Each will be given a Gilbert's Corporate identification card to present at time of purchase. We reserve the right to ask for further identification or to deny service for your security.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

2. TELL US ABOUT YOUR COMPANY

Your company's full legal name:

Name your company is doing business as

(your account will be set up in this name)

Street Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

Ext. \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Name of parent Company (if applicable)

Street Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

Ext. \_\_\_\_\_

Fax ( ) \_\_\_\_\_

General Information:

Business started month \_\_\_\_\_ year \_\_\_\_\_

How many employees? \_\_\_\_\_

Federal tax I.D.# \_\_\_\_\_

Bank Name \_\_\_\_\_

Checking account # \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Ext. \_\_\_\_\_

Type of organization

(Check only one)

Corporation/Limited partnership

Public school

Partnership or proprietorship

Fortune 1000

Religious organization

Government

Nonprofit-Tax exempt# \_\_\_\_\_

Hospital

3- ESTABLISH A CONVENIENT PAYMENT PROCESS

Traditional monthly billing

Statement will be sent to billing address monthly for payments in full. Please complete billing contact information below.

Pay as you go

Pay each invoice as you receive it. Informative statements will be mailed to billing address. Please complete billing contact information below.

Billing Contact:

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

Street Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

Ext. \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Open Charge

We will charge each purchase directly to your credit card of choice, freeing you of work. Please complete Declaration below and provide us imprint of your card.

Declaration:

I, \_\_\_\_\_, the

owner or credit card # \_\_\_\_\_, the

with name \_\_\_\_\_ and receiving statements at:

Address \_\_\_\_\_

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

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

authorize Gilbert's Bakery to charge my credit card for

purchases under my Corporate Account.

Signature (as appears on credit card)

x \_\_\_\_\_

4- FINALIZE THE APPLICATION

Notice to Buyer:

Do not sign this application before you read it or if any spaces intended for the agreed terms are left blank.

You may at any time pay the total balance under the agreement. By signing below on behalf of your business, you represent that your business is a valid business entity, that all purchases made on this Account, if approved, will be for purposes other than personal, family, household, or agricultural use; and that you are an authorized representative of the business with authority to enter into contractual agreements.

On behalf of the business, you certify that all information provided in this application is complete and accurate, you agree to be bound by the terms and you authorize us to check with credit reporting agencies and other sources we deem appropriate in considering this application and subsequently for purposes of updates, renewals or extensions of credit granted as a result of this application or in receiving or collecting the Account.

Signature of company's authorized representative

x \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTICE

If your company...

- Has less than \$5MM in annual sales or revenues, Or
• is less than 2 years old, Or
• is a partnership or proprietorship
... We Need A Personal Guarantee

Giving us your personal guaranty will speed the process of approving your application, especially if you have a small or young company.

If we can't grant you credit on the basis of your company's information, you may be able to receive credit if you agree to be personally responsible for paying for your company's account.

Print your Name (you must be an officer of the company)

Home address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Social Security No \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

You must be one of these:

(Check One)

President or Chairman \_\_\_\_\_ Vice president

Owner or sole proprietor \_\_\_\_\_ General partner

Other officer \_\_\_\_\_

Annual personal income from all sources is:

(Check One)

Less than \$ 50,000 \_\_\_\_\_ \$101,000 - \$500,000

\$51,000 - \$ 75,000 \_\_\_\_\_ \$500,000 +

\$76,000 - \$100,000 \_\_\_\_\_

If you sign this section of the application, you agree to unconditionally personally guarantee the performance of all obligations under, and the payment upon demand of all amounts due on, the corporate account that is opened with this application, without requiring us to first pursue the buyer also liable on the Account.

This guaranty shall be in effect until and all amounts due shall have been fully paid. You also understand and agree that your personal credit will be used in making credit decisions on the Account and consumer reports and other inquiries regarding your credit may be obtained from time to time.

Your signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_