



BAKER'S CRUST
ARTISAN KITCHEN

HOUSE ACCOUNT APPLICATION

Please allow at least 5 business days for approval before ordering.

Date of Application: _____

We will have you or any authorized users sign a delivery invoice, if available, at the time of delivery. Please keep track of, and pay from, this invoice. Please include the invoice number on any and all forms of payment. If you do not receive an invoice at the time of delivery, please contact the Catering Manager. Payment by check must be received no later than the fifteenth (15th) day of the month for charges incurred during the previous month. Any partial or undesignated payment will be applied to the oldest outstanding invoice. If your payment is not received by the fifteenth (15th), you hereby authorize Baker's Crust, Inc. to charge the balance shown on your Account Statement to the credit card indicated below. This authorization shall continue until you notify Baker's Crust, Inc. otherwise in writing or upon the cancellation of your House Account by either Baker's Crust, Inc. or you.

If your organization is tax-exempt and you are requesting to receive state tax exemption, please send a copy of your signed tax exemption certificate for house account approval. Please note that meals must be part of your organization's official function/mission/service/purpose, and that meals must be paid directly from your organization's purchase card, credit card, debit card, or check. Cash or personal cards are not accepted for tax exempt meals.

BILLING INFORMATION

Customer Name: _____

Business Name: _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____

Accounts Payable Contact: _____

Accounts Payable Contact: _____

Accounts Payable Contact: _____

AUTHORIZED USERS (PRINT NAMES):

COMPANY AUTHORIZATION

Print Name: _____

Signature: _____

Title: _____

Phone Number: _____

Ext: _____

Email: _____

Circle Type: VISA MC AMEX DISCOVER

Account Number: _____

Expiration Date: _____

CSV: _____

Phone Number: _____

Ext: _____

Email: _____

For Corporate Use Only

Approved _____ Not Approved _____

Restaurant Number _____

House Account Number _____

**549 S. Birdneck Road, Suite 101 Virginia
Beach, VA 23451**

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