



## New Customer Application

Company Information	
Company Name: _____	DBA: _____
Circle One:    Partnership            Sole Proprietorship            Corporation	
Sales Tax Identification: _____	
Shipping Address: _____	
City: _____	State: _____ Zip: _____
Billing Address (if different) _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____ Email: _____
Owner's Name: _____	Number of years under present owner: _____
Person responsible for payments: _____	Email: _____

## Credit Card Authorization

You may cancel this authorization at any time by calling us. This authorization will remain in effect until cancelled

Credit Card Information	
Card Type (circle one)    Mastercard    VISA    Discover    AMEX	
Cardholder name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	Security Code: _____
Cardholder zip code (from credit card billing address): _____	

I, \_\_\_\_\_, authorize French Feast Corporation to charge my credit card above for agreed upon purchases. I understand that the information will be saved to file for future transactions on my account.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_