



BAKER STREET BREAD CO

Please complete the following information in order to establish a
Wholesale account with Baker Street Bread

Name of Company: _____ Date: _____

Contact Person: _____ Title: _____

Email Address: _____

Shipping Address:

Telephone Number: _____ Fax Number: _____

Billing Contact: _____

Billing Email Address: _____

Billing Mailing Address (if different from shipping address):

Billing Email Address: _____

Billing Telephone Number: _____ Billing Fax Number: _____

We ask for a credit card in order to establish the account.

Our terms are 15 days. If at any time the account becomes 30 days overdue we reserve the right

To charge the Credit card for the outstanding amount.

Name on card: _____

Credit card number: _____

Expiration date: _____

Signature: _____