



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 require a credit card in order to establish the account. Our terms are 15 days. . Your credit card will automatically be charged every two weeks for the open balance.

Name on card: _____

Credit card number: _____

Expiration date: _____

Signature: _____