



Wholesale Account Application

email completed application to: wholesale@wisesonsdeli.com

Business/Account Name: _____

Business/Account Type: Food Service/Hospitality Grocery/Retail

Account Contact: _____ **Title:** _____

Phone: (____) ____ - ____ **E-mail:** _____

Ordering Logistics and Delivery

Purchasing Contact: _____ **Title:** _____

Phone: (____) ____ - ____ **E-mail:** _____

Expected Order Frequency: Daily Weekly Monthly Intermittent _____

Ordering Requirements:

- **ALL BAKERY ORDERS MUST BE RECEIVED BY 1:00PM THE DAY PRIOR TO DELIVERY** - we require 48-hours notice for orders that include bagels.
- Detailed orders must be emailed to wholesale@wisesonsdeli.com - contact us to receive our catalogue listing our product assortment and current pricing or to inquire about holiday specials.

Delivery Address: _____ **City/State:** _____

Recipient: _____ **Phone:** (____) ____ - ____

Earliest Delivery: _____ **Latest Delivery:** _____

Notes/Special Requests: _____

Delivery Details:

- We deliver within San Francisco everyday, between 6:00am and 10:00am (subject to availability.)
- Orders under \$100 may incur a delivery fee
- For daily deliveries, we prefer to use reusable 'Stack & Nest' Bakery Trays -- full trays will be left, and empty trays are picked up with the next delivery.
 - Let us know if you have other preferences, we will do our best to accommodate.
- **ORDER CANCELLATIONS MUST BE RECEIVED BY 1:00PM 2 DAYS PRIOR TO DELIVERY**

Accounting and Payment

Accounting Contact: _____ Title: _____

Phone: (____) _____ - _____ E-mail: _____

Billing Address: _____ City/State: _____

Federal Tax ID: _____ CA Seller's Permit: _____

Payment Details:

- An invoice will be provided upon delivery, please contact us immediately if there are any issues.
- Payment due within 14 days of receipt, check preferred but other methods accepted (see below.)
 - Customers can apply for 30 day terms after good standing is established (after 90 days)
- Past due invoices will incur a late fee penalty of 3% for 15+ days and 5% for 45+ days; past due accounts may be suspended until paid.

Please send all check payments to:

Wise Sons Jewish Delicatessen
Attn: Wholesale Accounting
1426 Fillmore Street, Ste. 310
San Francisco, CA 94115

For all billing, payment, or accounting questions please contact:

Wise Sons Accounting Department: accounting@wisesonsdeli.com // (415) 787-DELI (Option '0')

ALTERNATIVE PAYMENT METHODS:

A credit card must be provided in case payments are past due, as an insurance policy for payment on account balances. Please provide your account information and sign the authorization below.

CREDIT CARD AUTHORIZATION

I hereby authorize this card to be charged for the balance of my wholesale account:

Card #: _____ Type: VISA MC AMEX

Name on Card: _____ Exp: ____/____/____ CVV: _____

Billing Address: _____ Zip Code: _____

Cardholder Signature: _____ Date: ____/____/____

ACH AUTHORIZATION (Optional)

I hereby authorize the transfer of funds via ACH for the balance of my wholesale account:

Bank Name: _____

Address: _____ City/State: _____

Account Holder: _____ Phone: (____) _____ - _____

Account Number: _____ Routing Number: _____

Authorized Signature: _____ Date: ____/____/____