



Zambri & Sons LLC, Dba Black Biscuit

1889 Stanford Ave | St. Paul, MN 55105

Tel: 952-300-6555 | Fax: 612-437-4845 | email: Sammy@black-biscuit.com

Dealer/Association Account Opening Form

Store/Association Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Store Owners/Association Authorized Person(s) Names: _____

Authorized Person to place orders with Biscuit: _____ Title: _____

Website: _____

Email: _____

State Resale Number: _____ (must fax us a copy if a retail/ecommerce store)

Credit Card that will be used for Purchases: American Express | Discover | Mastercard | Visa

Credit Card #: _____ Exp Date: _____ Security Code: _____

Credit Card Billing Address _____

City: _____ State _____ Zip Code: _____

**** IF TERMS ARE ESTABLISHED AND GRANTED YOU HEREBY AGREE TO PAY WITHIN THE GIVEN TERMS ****

**** If not a 3% monthly interest charge will apply to all outstanding accounts past the due date ****

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above and the charge by Zambri & Sons, LLC Dba Black Biscuit. and/or affiliate companies.

Cardholder's Signature _____ Date ____/____/____

This authorization is Good until: _____ (Please specify a date)

Please Fax this form back in its entirety to 612-437-4845 with an original signature for our files.

