



CREDIT APPLICATION

Please type or print all information requested and mail the signed original copy to us as soon as possible.

LEGAL BUSINESS NAME/DBA: _____ TAX ID#: _____

BILLING ADDRESS: _____

DELIVERY ADDRESS: _____ EARLIEST DELIVERY TIME: _____

PHONE # () _____ FAX() _____ CONTACT _____

BUSINESS TYPE: () CORP () PARTNERSHIP () SOLE PROPRIETOR () DBA YEAR EST: _____

OFFICERS, PARTNERS, OWNERS _____

BANK NAME: _____ ACCOUNT#: _____

ADDRESS: _____

PHONE() _____ FAX() _____ CONTACT _____

TRADE REFERENCES (Please list at least two (2) business references "in Food Industry"):

NAME: _____ PHONE _____ FAX _____

ADDRESS: _____

NAME: _____ PHONE _____ FAX _____

ADDRESS: _____

NAME: _____ PHONE _____ FAX _____

ADDRESS: _____

It is agreed that upon presentation of this request for credit all information is correct. Requesting company or person authorizes a review of their credit history and records. If approval of credit is furnished, the terms and credit limits established will be abided and purchasing company or person agrees to pay 1.5% per month of finance charges on outstanding balances. Should it be necessary to file court action, the undersigned understands that applying company or person may be liable for any court and attorney fees.

Signature of Owner or its representative: _____ Title _____

Printed Name: _____ Date: ____/____/____

FOR ACCOUNTING RECORDS

ACCOUNT# _____ SALESPERSON _____ ROUTE# _____ DATE RCVD _____

CREDIT LIMIT _____ DATE SET UP _____ DATE CRT APPVD _____ TERMS _____

25447 INDUSTRIAL BLVD. • HAYWARD, CA 94545
TELEPHONE (510) 300-6800 • FAX (510) 300-6805