



APPLICATION FOR CREDIT

Name of firm or individual Date e-mail (optional)
Street Address Years at this address
Nearest cross street Phone
City State Zip Fax
Accounts payables - contact Manager/Main contact for this account

Check where applicable
Corporation Incorporated within the last 12 months partnership Individual
How long has your company been in business? years months
Name of principal Address City State Zip
Name of principal Address City State Zip

Bank Bank Address

Bank Officer or Dep't. Phone Account Number
\* If you bank with Wells Fargo, please attach a copy of your most recent bank statement.

How long has your business had the above bank account? years months

We certify that all of the information on this form is correct. We fully understand that your terms of credit will be based on your review of the information we've provided and agree to the proper payment in consideration of credit extended. The undersigned authorizes inquiry as to credit information.

Date Signature
Title Print Name



This application is for a charge account for wholesale deliveries of breads or pastries. The orders should meet our daily minimums for delivery

This application is for a charge account and pick-up at a specific retail bakery/cafe location. Please specify the locations.

City or Shopping Center \_\_\_\_\_ Street \_\_\_\_\_

City or Shopping Center \_\_\_\_\_ Street \_\_\_\_\_

**Trade References**

Name of Company	Street Address	City	State	Zip	Phone

CHECK HERE IF CASH SALES ARE ACCEPTABLE UNTIL CREDIT IS APPROVED.

**Anticipated charge activity (check one)**

Daily \_\_\_\_\_ 1-3 Times per Week \_\_\_\_\_ 1-5 Times per Week \_\_\_\_\_

**PLEASE DO NOT WRITE IN THE SPACE BELOW.**

	DATE	INITIALS	COMMENTS
Credit application received			
New account entered			
Retail list entered			
7-Day letter sent out			
references sent out			
References returned			
30 day letter sent			