



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
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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			