

MASADA BAKERY CREDIT APPLICATION

FAX 404-377-7377

BUSINESS CONTACT INFORMATION

Owner's name:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

Terms: Masada Bakery reserves the right to charge interest at the rate of 18% per annum (1.5% monthly) or at the highest rate available under applicable law, to any account balance exceeding 30 days net. Statements and invoices will be paid in accordance with terms set forth by Masada Bakery. **Indemnity:** It is fully understood and agreed that upon approval of this application and in consideration of credit being extended, the undersigned Principal(s) will unconditionally, individually, and jointly and severally guarantee full payment of the purchase price of goods, and merchandise so delivered. It is further understood and agreed that the purchaser will pay, to the extent permitted under applicable law, all reasonable attorney fees and court costs incurred by Masada Bakery in connection with any collection action. This guarantee is considered continuous and can only be waived by written consent of Masada Bakery. **Certification:** I/We certify that all information on this application is correct and the listed bank and references are authorized to release appropriate information to Masada Bakery, which will be held in confidence, necessary for credit approval and that an authorized officer, owner, partner or representative has signed this application. **By signing below, I/We acknowledge and agree to the foregoing conditions.**

Print Name:
Title:
Date:

Print Name:
Title:
Date: