

Costeaux French Bakery, Inc.

3507 Westwind Blvd, Santa Rosa CA 95403 office@costeaux.com 707.433.8600



CREDIT APPLICATION FOR BUSINESS ACCOUNTS

Return completed application to:
office@costeaux.com
Fax: 707-433-1955

Legal Name:

<input type="text"/>			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC

Tax ID#	<input type="text"/>
CA Resale #	<input type="text"/>
Phone #	<input type="text"/>

DBA, if applicable:

<input type="text"/>

Billing Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	zip

Shipping Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	zip

Contact Information

Accounting Contact:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Title	Phone

Email:

<input type="text"/>

Primary Contact:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Title	Phone

Email:

<input type="text"/>

Guarantor

Principal Owner/Officer:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	Phone:	
Email:	Mobile:	

Bank Information

Bank Name:

<input type="text"/>	<input type="text"/>
Address:	Account Officer:
Email:	Account Number:
	Phone:

Trade References

Business Name:

<input type="text"/>	Account #	<input type="text"/>
Address:		
Contact Name:		
Contact Email:		
Contact Phone:		

Business Name:

<input type="text"/>	Account #	<input type="text"/>
Address:		
Contact Name:		
Contact Email:		
Contact Phone:		

AGREEMENT

By signing this application, you agree to Costeaux French Bakery, Inc. terms as follows:

1. All invoices are due and payable according to the terms of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. All returned checks will result in a \$45 assessment posted to your account.
4. Invoices and statements will be sent electronically via email unless otherwise arranged.
5. By submitting this application, you authorize Costeaux French Bakery, Inc. to make inquiries into the banking and business/trade references you provide.
6. In consideration of our extending credit to your company, you personally guarantee payment in accordance with our credit terms. You understand that this guarantee shall be an absolute, continuing and irrevocable guarantee. A waiver of release or rights against your company will not discharge your liability to pay.

AUTHORIZED SIGNATURE

Principal Owner/Officer Signature:

<input type="text"/>
Name and Title:
Date:

Acct Mgr. _____ Internal use. Acct # _____ Date : _____