

CREDIT APPLICATION

Cerenzia Foods, Inc.



8585 White Oak Avenue
Rancho Cucamonga, CA 91730
Phone: 909-989-4000
FAX: 909-989-4591

Date: _____

Customer #: _____

NEW ACCOUNT INFORMATION AND CREDIT APPLICATION

(APPLICATION WILL NOT BE PROCESSED UNLESS BOTH PAGES ARE COMPLETED)

Restaurant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Corporation Name: _____ State of Inc: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Resale #: _____ Federal ID#: _____

E-Mail Address _____ Accounts Payable E-Mail Address _____

Name: _____ S.S. #: _____ D.L. #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Name: _____ S.S. #: _____ D.L. #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Date Business Started: _____

Has Corporation, Partners, Owner ever filed bankruptcy? _____ If Yes, When? _____

Is Building Owned? _____ Leased? _____

Landlord: _____ Address: _____ Phone: _____

BUSINESS REFERENCES: (Provide open and business related accounts)

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

BANK INFORMATION:

Bank Name: _____ Account #: _____ Branch: _____

Address: _____ Phone: _____

Bank Name: _____ Account #: _____ Branch: _____

Address: _____ Phone: _____

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Cerenzia Foods, Inc. is authorized to obtain any confirming information, deemed necessary, from any source, concerning statements on this application.

We or I warrant the information and statements on this credit application are true, complete and furnished for the purpose of establishing a credit account. We or I warrant financial solvency to pay all invoices when due. In consideration of and in order to enable Cerenzia to establish a credit account, the undersigned promises to pay for all purchases in accordance with the terms of sale specified on Cerenzia invoices. We or I agree to pay eighteen dollars (\$18.00) returned check fee for each time a check is dishonored by our or my bank.

We or I agree to notify Cerenzia Foods, in writing, to the Credit Department by certified mail, returned receipt requested, of any changes in ownership, corporate, partnership or limited liability company structure of this firm within 60 days prior thereto.

In the event Cerenzia Foods deems it necessary to litigate to collect this account, We or I agree to the jurisdiction of the Municipal Court of Rancho Cucamonga Judicial District, County of San Bernardino or the Superior Court of the County of San Bernardino, California. We or I agree to pay actual attorney fees and court costs incurred by Cerenzia Foods if judgment is made against us or me.

The terms of this credit application, including our or my obligation to pay Cerenzia Foods for products and services and all personal guarantees herein, extend to any location, now owned and hereinafter acquired by us or any person under our trade style, including any franchisee, unless we or I notify Cerenzia Foods to the contrary in writing, by certified mail, return receipt requested, that another person or firm be liable for the purchases herein. The names and addresses of other locations are attached.

Customer

Signature: _____

To be signed by owner, partner or authorized officer only

Print full name

Please indicate which: _____

Residence

Address: _____

Social Security #: _____

Home Telephone: _____

Date of Birth: _____

PERSONAL GUARANTEE

I personally guarantee the payment of all invoices rendered to Cerenzia Foods and I agree to be personally liable for all other terms and conditions of this agreement.

Signature: _____ (Do not indicate your company title)

Print full name: _____

Social Security #: _____

Address: _____

Residence Telephone: _____

Date: _____

Cerenzia Sales Representative: _____

Initial Terms Granted: _____

Cerenzia Food Credit manager: _____