

CONFIDENTIAL CREDIT APPLICATION

COMPANY

NAME: _____ **TELEPHONE:()** _____

SHIPPING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PARENT COMPANY _____ NATURE OF BUSINESS _____

FAX NO. () _____ **E-MAIL:** _____ **WEB SITE:WWW.** _____

YEAR ESTABLISHED: _____ **INCORPORATED?: Y N** _____ **FED. TAX ID:** _____

PRINCIPAL OFFICERS & TITLE

BANK AND TRADE (INGREDIENT SUPPLIER) REFERENCES

BANK NAME _____ ACCOUNT TYPE _____ ACCOUNT NO. _____

BRANCH ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

() _____ () _____

CONTACT NAME _____ PHONE NO. _____ FAX NO. _____

COMPANY REFERENCE _____ MAILING ADDRESS _____ CITY-STATE-ZIP _____

() _____ () _____

CONTACT NAME _____ PHONE NO. _____ FAX NO. _____

COMPANY REFERENCE _____ MAILING ADDRESS _____ CITY-STATE-ZIP _____

() _____ () _____

CONTACT NAME _____ PHONE NO. _____ FAX NO. _____

APPLICANTS AUTHORIZATION FOR FINANCIAL BANK REFERENCE (APPLICANT PLEASE COMPLETE)

TO REFERENCE: WE HAVE APPLIED FOR A LINE OF CREDIT TO THE ABOVE NAMED COMPANY AND HEREBY AUTHORIZE YOU TO RELEASE THE INFORMATION REQUESTED BY BELL MARKETING, INC. YOUR RESPONSE IS SOLELY A MATTER OF COURTESY FOR WHICH NO RESPONSIBILITY IS ATTACHED TO YOUR FIRM OR ANY OF YOUR EMPLOYEES. PLEASE ACCEPT THE FACSIMILE SIGNATURE BELOW AS YOUR AUTHORITY TO RELEASE THE REQUESTED INFORMATION. AUTHORIZATION BY(SIGNATURE): _____ DATE: _____

SIGNATURE _____ PRINT NAME _____ TITLE _____