



Application For Credit On Account

You may fax or mail your completed application back to us using the information at the bottom of this form. Please print legibly. Allow 5 business days for processing.

Company Name: _____

Phone: _____

Contact Person: _____

Phone: _____

Fax: _____

Mailing Address: _____

Dollar Amount You Plan to Purchase Monthly: \$ _____

Tax ID # _____

1) Credit Reference: _____ Contact Name: _____

Phone No: _____

2) Credit Reference: _____ Contact Name: _____

Phone No: _____

3) Credit Reference: _____ Contact Name: _____

Phone No: _____

Bank Name & Address: _____

Account No: _____

Bank Contact Name: _____ Phone No: _____

I authorize release of all credit and banking information as required by Main Street Bakery.

Signature _____ Date _____

TERMS AND CONDITIONS:

- Terms are Net 7 (unless otherwise negotiated)
- Finance charge of 2% per month will be added to delinquent invoices
- A monthly statement will be mailed to you

Signature: _____ Date _____

Name and Title: _____

----- **For Office Use Only** -----

APPROVED BY: _____ **ACCOUNT#** _____