

# Garlic Festival Foods Wholesale Credit Application

## **Business Information:**

Business Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_ Fax ( ) \_\_\_\_\_

No. of Yrs. in Bus. \_\_\_\_\_ Resale Number: \_\_\_\_\_ Owner / Principal Name \_\_\_\_\_

Shipping Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Type of Business: Corporation  Partnership  Sole Proprietorship  Non/Profit

## **Bank and Trade Relationships:**

Primary Bank \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Account#: \_\_\_\_\_

**Terms Preferred:** COD \_\_\_ Terms \_\_\_ Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

**Trade References:** (required only if terms requested)

Name: \_\_\_\_\_ Fax( ) \_\_\_\_\_ PH( ) \_\_\_\_\_

Name: \_\_\_\_\_ Fax( ) \_\_\_\_\_ Ph( ) \_\_\_\_\_

Name: \_\_\_\_\_ Fax( ) \_\_\_\_\_ Ph( ) \_\_\_\_\_

Name: \_\_\_\_\_ Fax( ) \_\_\_\_\_ Ph( ) \_\_\_\_\_

In Consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 15 days of date of delivery; (2) any charges unpaid after the above 30 days are to be increased by 1 1/2% per month; (3) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees and court costs will be borne by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) credit privileges may be withdrawn at any time with invalidating the terms of this agreement.

**CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Mail to P.O. Box 2309 Hollister, CA 95024-2309 or Fax: (831) 636-3505 Atten: OFFICE