



CREDIT

149 NORTH 8 STREET, BROOKLYN NY 11249
TEL# 718-782-2700 FAX# 718-782-7146

APPLICATION

76-01 77 AVENUE, GLENDALE NY 11385
Email: info@northsidebakery.com

COMPANY / BUSINESS INFORMATION

LEGAL NAME OF COMPANY

DBA NAME

SSN or FEIN

TYPE:

CORPORATION

PROPRIETORSHIP

LLC

PARTNERSHIP

LTD. PARTNERSHIP

MAILING ADDRESS:

CITY:

STATE:

ZIP:

BILLING ADDRESS:

CITY:

STATE:

ZIP:

DATE BUSINESS OPENED:

YEARS IN BUSINESS:

TEL#

CELL#

FAX#

Email:

COMPANY PRINCIPAL / OWNER

NAME

TITLE

SOCIAL SECURITY#

DRIVERS LICENSE#

HOME ADDRESS

CITY

STATE

ZIP

TEL#

CELL#

COMPANY PRINCIPAL / OWNER

NAME

TITLE

SOCIAL SECURITY#

DRIVERS LICENSE#

HOME ADDRESS

CITY

STATE

ZIP

TEL#

CELL#

BANK REFERENCES

INSTITUTION NAME

BANK CONTACT

ADDRESS

TEL#:

CHECKING ACCOUNT #:

TRADE REFERENCES

COMPANY NAME:

CONTACT NAME:

ADDRESS:

TEL#

ACCOUNT OPENED SINCE:

TRADE REFERENCES

COMPANY NAME:

CONTACT NAME:

ADDRESS:

TEL#

ACCOUNT OPENED SINCE:

TRADE REFERENCES

COMPANY NAME:

CONTACT NAME:

ADDRESS:

TEL#

ACCOUNT OPENED SINCE:

CREDIT CARD AUTHORIZATION

Northside Bakery has my permission to charge the below listed credit card if the account is not paid within the agreed terms, the amount owned in its intirety:

American Express

Visa

MasterCard

Discover

Cardholder's Name:

Credit Card Number:

Expiration Date:

CVV#

Billing Address:

Cardholder's Signature:

CONFIRMATION OF INFORMATION ACCURACY

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

SIGNATURE

DATE