



**"The Bread Guys"**

983 Millbury Street  
Worcester, MA 01607

Phone: (508)-841-8182

Email: Sales@DuvaDistributors.com

**Confidential Credit Application**

**Company information** Corporation ( ) Sole Proprietorship ( ) Partnership ( ) Years in Business: \_\_\_\_\_

Company Name: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ state: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Billing Address** (Fill out only if information is different from above)

Street: \_\_\_\_\_ City: \_\_\_\_\_ state: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Banking Information**

Bank Name \_\_\_\_\_ Acct#: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**Owners Information** (Please provide home addresses for owners)

Full Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ state: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Partners Full Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ state: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Trade Reference**

1) Name & Address \_\_\_\_\_ Phone# \_\_\_\_\_

2) Name & Address \_\_\_\_\_ Phone# \_\_\_\_\_

I (we) acknowledge that the terms offered by Duva Distributors, INC, are net **(14)** days from day of invoice. I (we) agree to pay interest at a rate 1 ½% for all invoices past due, and all reasonable costs of collection, including attorney fees, in the event of my (our) failure to pay. In consideration of the receipt of services of said firm, I (We) undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1 ½% per month on all past due amounts. The below signatures also grant Duva Distributors, INC. the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized Signature(s): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_