

PAIN D'AVIGNON

a different kind of bakery

CREDIT APPLICATION

BUSINESS PROFILE

Business Name:	Phone:		
Corporation Name:	Fax:		
Shipping Address:	City:	State:	Zip:
Billing Address:	City:	State:	Zip:
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	Federal Tax ID #:
<input type="checkbox"/> Year round	<input type="checkbox"/> Seasonal	Date established:	

OWNERS, PRINCIPALS OR OFFICERS OF CORPORATION

Name:	Title:	SS#:	-	-
Residence Address:	City:	State:	Zip:	
E-mail Address	Phone:			
Name:	Title:	SS#:	-	-
Residence Address:	City:	State:	Zip:	
E-mail Address	Phone:			
Have any officers of this company filed for bankruptcy protection in the past? If yes, when?				

ACCOUNTS PAYABLE INFORMATION

Contact person:	Phone:	Fax:
E-Mail Address	Credit Card#	Exp. Date:

CREDIT TERMS – 14 DAYS – Alternate payment plans must be arranged by calling the office. You can reach our A/R department by dialing ext 205

We accept following types of payment: Bill.com, EFT, Global Veard, CSI and credit cards. New and Seasonal Customers are required to have a CC on file.

If a CC is charged a 2.75% fee will be applied. Please initial:

ORDERING INFORMATION

Who will be placing the bread orders?	Phone:	E-mail:
---------------------------------------	--------	---------

BANK REFERENCE

Name:	Address:	City:	State:	Zip:
Account#:	Contact:	Phone:		

PERSONAL GUARANTEE

PLEASE NOTE THE FOLLOWING: I, _____, in consideration for your extending credit at my request to _____, (hereinafter referred to as the "Company"), of which I am _____ (title), hereby agree to bind myself to pay you on demand any sum which may become due by the Company whenever the Company fails to pay the same. It is understood that this guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit hereby granted.

TRADE AND CREDIT REFERENCES

1.	Name:	Address:	City:	State:	Zip:
	Contact:		Phone:		
2.	Name:	Address:	City:	State:	Zip:
	Contact:		Phone:		
3.	Name:	Address:	City:	State:	Zip:
	Contact:		Phone:		

We certify that all the information on this form is correct and authorize you to obtain credit information from individual companies listed herein or from any credit reporting agency. In consideration for pain d'avignon ii, inc. Granting credit to our company, we agree to notify pain d'avignon ii, inc., in writing, of any development that may adversely affect our financial condition promptly. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Printed Name: _____ Signed _____

Date: _____ Title: _____

HEREBY applies for credit in accordance with the terms and conditions of Pain D'Avignon.

Please remit check payments to:
 Pain D'Avignon
 PO Box 845884
 Boston, MA 02284-5884