

CREDIT APPLICATION

BUSINESS PROFILE			
Company Name	Phone	Date Established	
DBA	Website		
Delivery Address	City	State	Zip
Billing Address	City	State	Zip
Corporation Partnership Sole Proprietorship	Federal Tax ID #		
OWNERS, PRINCIPALS OR OFFICERS OF CORPORATION			
Name	Title		
Home Address	City	State	Zip
Email	Phone		
Name	Title		
Home Address	City	State	Zip
Email	Phone		
ACCOUNTS PAYABLE INFORMATION			
Contact Person	Phone		
Email	Fax		
DRDERING INFORMATION			
Who will be placing orders?	Phone	Fax	
Email	Cell Phone		
BANK REFERENCE			
Name	Account #		
Address	City	State	Zip
RADE AND CREDIT REFERENCES			
I. Name	Contact	Phone	
Address	City	State	Zip
2. Name	Contact	Phone	
Address	City	State	Zip
CREDIT CARD INFORMATION (SIGNATURE REQUIRE	0)		
Customer must have a credit card on file. This card will	NOT be used for weekly invo	pice payments.	As an
authorized signator of the credit card provided, The Pos	sh Bakery is authorized to cha	rge any open b	alance over
15 days past due.			
Card type: Visa Mastercard AMEX			
Cardholder Name	Card #		Ехр
Billing Address	City	State	Zip

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DELIVERY AGREEMENT (INTIAL REQUIRED)						
Customer agrees that when deliveries are made, where an order is in the	e system (either entered online by cu	ustomer, recurring, or by				
calling into our customer service) and no one is present to receive the order	one is present to receive the order and no signature is obtained (also know as a dark drop delivery) it is					
e obligation of the customer to pay in full for the product. It is the customer's responsibilty to request credit for deliveries not ordered or received. If						
request for credit is not made within 1 business day of delivery, the custome	est for credit is not made within 1 business day of delivery, the customer accepts responsibility to pay in full the invoiced amount for said delivery.					
The lack of a signed proof of delivery for reciept does not relieve customer of	lack of a signed proof of delivery for reciept does not relieve customer of responsibility to pay for any delivery made.					
CREDIT TERMS & CONDITIONS (INITIAL ALL)						
Payment terms are net 10, unless otherwise agreed to in writing						
Any account not paid by the 15th day after delivery is considered deline	uent and is subject to suspension.					
Applicant agrees to pay interest on all delinquent invoices at 1.5% per month.						
Applicant shall send, by certified mail, written notice to The Posh Bakery, Inc. no less than 30 days prior to change in ownership of business.						
In the event of any adjudicated dispute or lawsuit between the parties as to performance of this contract, where The Posh Bakery Inc. is the						
prevailing party, applicant agrees to pay all collections cost and/or attorney	s fees, including all court and ligitatio	ns costs.				
All requests for credit or notifications of error must be made by within 1 business day of delivery.						
Returned checks will be charged a \$50 NSF fee, Returned ACH payments will be charged \$25.						
PAYMENT OPTIONS (INTIAL ONE)						
Electrionic Payments - Fast, simple & convienient.	Electronically via ACH, we	automatically del	oit invoices of			
the previous week. No need to write or post checks. Weekly statements sent via email. (Please attach a voided check)						
Name on Bank Account	,	()	,			
Bank Account Number						
Bank ABA Routing Number (9 digits)						
Account type Checking Savings						
I authorize The Posh Bakery, Inc. to debit the bank account listed above for products & services provided and warrant that I am an authorized signer on this account. I understand that this is a periodic charge that will be made according to my billing cycle and mary vary in amount depending upon variations of orders. To terminate this recurring debit process, I agree to send written notification to The Posh Bakery, Inc. at least seven business days prior to the next payment due.						
x						
Signature of Authorized Bank Account Signer		Date				
х						
Print Name						
Weekland the land of the second of the secon	Posh Bakery					
Weekly Mailed Checks Remit payments to:	PO Box 742675 Los Angeles, CA 90074-267	75				
PERSONAL GUARANTEE (REQUIRED IF APPLICANT IS A CORPO	_		RSHIP)			
The individual signing this application is executing this application on behalf the performance of the Buyer, of any and all of the Buyer's obligations unde sums due to The Posh Bakery, Inc. The personal guarantee also applies in the	r this agreement with The Posh Baker	ry, Inc. including timely pa	ayment of any and all			
X						
Guarantor: Signed as an individual AUTHORIZATION	Print Name	Date				
The undersigned authorizes The Posh Bakery, Inc. to make such inquiries as may be deemed necessary to investigate the references and sources pertaining to the establishment of credit and financial responsibility of the applicant. Any person signing below on behalf of a business is a valid business entity and that said person is authorized to enter into this agreement of Applicant's behalf. The undersigned represents warrants and declares under penalry of perjury that the information provided herin is true and correct.						
x						
Signature of Authorized Representative	Print Name	Title	Date			