



{ GLUTEN FREE. BUT YOU'D NEVER KNOW IT }

## Credit Application

**Business Credit Information:**

Name of Business: \_\_\_\_\_  
 Proprietor: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 A/P Contact: \_\_\_\_\_  
 Federal Tax ID: \_\_\_\_\_  
 Resale Number: \_\_\_\_\_  
 Year Established: \_\_\_\_\_  
 Annual Sales: \$ \_\_\_\_\_  
 Est. Weekly Purchases: \$ \_\_\_\_\_

**Bank Reference:**

Bank: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**Trade References:**

Company Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

**Credit Terms:** Payment terms are Net 30. A service charge of \$25.00 will be added to all returned checks. Cup4Cup LLC reserves the right to charge a late payment fee of 1.5% per month on all past due accounts.

Cup4Cup LLC requires a valid credit card be kept on file which can be charged for past due balances.

\_\_\_\_\_ Card Number          \_\_\_\_\_ Name on Card          \_\_\_\_\_ Expiration Date          \_\_\_\_\_ Security Code

\_\_\_\_\_ Card Holder's Signature

In consideration for extending credit to us, we authorize the release of all general credit and account information to Cup4Cup LLC.

I/we agree to the Terms and Conditions of this Credit Application

\_\_\_\_\_ Proprietor Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Title

*Please return signed credit application to Cup4Cup LLC,  
 Office of Accounting and Finance  
 FAX . 707.681.2683  
 mail to: Cup4Cup LLC, 840 Latour Ct. Suit B, Napa CA 94558*