

OPERA PATISSERIE FINES CREDIT APPLICATION

DATE:

NAME OF COMPANY:

ADDRESS: CITY, STATE, ZIP CODE:

TELEPHONE: () FAX: ()

ACCOUNTS PAYABLE CONTACT: TEL: EMAIL

PRINCIPALS: NAME: TITLE

ADDRESS:

NAME:

ADDRESS:

DATE COMPANY STARTED:

CHECK ONE: CORPORATION () PARTNERSHIP () OTHER ()

IF INCORPORATED, PLEASE LIST YEAR AND STATE OF INCORPORATION:

NAME OF BANK: ACCOUNT NUMBER:

BANK OFFICER: PHONE: ()

CREDIT AND BUSINESS REFERENCES (PRODUCE, MEAT, SEAFOOD, ETC.):

COMPANY: PHONE: ()

CONTACT: FAX: ()

COMPANY: PHONE: ()

CONTACT: FAX: ()

COMPANY: PHONE: ()

CONTACT: FAX: ()

APPLICATIONS ARE ACCEPTED ON THE BASIS OF APPLICANT COMPLYING WITH OUR CREDIT TERMS OF SALE, WHICH ARE PAYMENT OF CURRENT CHARGES IN ACCORDANCE WITH TERMS STATED ON INVOICE. IF COLLECTION PROCEDURES OR LEGAL ACTION ARE COMMENCED TO COLLECT THIS ACCOUNT, APPLICANT AGREES TO PAY REASONABLE COLLECTION COSTS AND/OR ATTORNEY'S FEES AND COSTS THEREOF. I, THE UNDERSIGNED PRINCIPAL, OFFICER, DIRECTOR, AND/OR OWNER HEREBY, INDIVIDUALLY AND JOINTLY AND SEVERALLY AND PERSONALLY GUARANTEE ALL OBLIGATIONS OF THE APPLICATIONS.

NAME (PRINT): SIGNATURE:

.....

COMPANY: TITLE:

.....

VALID SELLERS PERMIT#

8480 REDWOOD CREEK LANE, SAN DIEGO, CA 92126
PHONE: (858) 536-5800 FAX: (858) 536-5804