

# CREDIT APPLICATION FORM



**INSTRUCTIONS:**  
Complete this form, sign and return it to

Village Bakery  
2828 Spafford Street  
Davis, CA 95618  
Phone: (530) 756-1073  
Fax: (530) 756-9773  
Email: vbdavis@dcn.org

**For Office Use Only**

Account Number
Credit Limit
Date Approved
Approved by

**New Account**

**Renewal**

**SECTION A BUSINESS INFORMATION** (IN THIS SECTION, INDICATE YOUR DELIVERY ADDRESS)

Business Name (d.b.a.)	Federal I.D. #	Years in Business
Business Legal Name		
Street Address	City	State
Type of Business Activity	Business Phone #	Fax #
Email Contact	Company's Website	

Sole Owner  
 Partnership  
 Corporation  
 LLC

**SECTION B PRINCIPALS** (FILL OUT THIS SECTION FOR CORPORATIONS, LLCS, AND PARTNERSHIPS)

Name	Title	Social Security #
Name	Title	Social Security #
Name	Title	Social Security #
Name	Title	Social Security #

**SECTION C PERSONAL INFORMATION – BUSINESS OWNER or CORPORATE OFFICE**

First Name	Middle I.	Last Name	Social Security #	Email
Street Address	City	State	Zip	Home Phone #

**SECTION D BILLING INFORMATION** (IN THIS SECTION, INDICATE YOUR ACCOUNTS PAYABLE ADDRESS)

Billing Address	Acc. Payable Phone #	Acc. Payable Fax #
City	State	Zip
Contact Person	Email	

**SECTION E CREDIT REFERENCES**

Bank	Acct. #	Location	Phone #	Contact Person
Bank	Acct. #	Location	Phone #	Contact Person
Supplier		Location	Phone #	Contact Person
Supplier		Location	Phone #	Contact Person
Supplier		Location	Phone #	Contact Person

**SECTION F PERSONS AUTHORIZED TO PLACE OR RECEIVE ORDERS**

Name	Title	Phone/Ext. #
Name	Title	Phone/Ext. #
Name	Title	Phone/Ext. #
Name	Title	Phone/Ext. #

**TERMS:**

Upon credit approval, Applicant agrees to the payment terms of NET 15 DAYS which means that Applicant has 15 days from Billing Statement date (unless stated otherwise on monthly statement) to send full payment for total outstanding invoices. Any past due invoice is subject to a charge of 1 % per month (12% annual rate), plus all costs of collection, including but not limited to attorney fees if collection becomes necessary.

Accounts there are more than 15 days past due may result in daily orders being temporarily placed on C.O.D. (cash on delivery) terms.

Applications sent by Fax or Email will be deemed as original.

Applicant agrees to immediately notify Village Bakery in writing should Applicant initiate bankruptcy proceedings, or have any significant change in business operations or ownership.

**I/We certify that all information provided is true and correct, and also accept the terms listed above, authorizing Village Bakery to do checks with my/our banks and references from time to time.**

Signature* of Office/Owner	Print Name	Title	Driver's License No.	Date

*\*Credit cannot be granted without a signature acknowledging credit terms.*

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