

# Business Credit Application

Essential Baking Company  
 P.O. Box 80445  
 Seattle, WA 98108  
 Ph: (206) 545-3804  
 Fax: (206) 767-1176  
 Salesperson: \_\_\_\_\_

Credit Application (Net 15)

Credit Card Application (Net 7)

Applicant: Business or Corporate Name	D.B.A.:
Business Street Address	Billing Address
City, State, Zip	City, State, Zip
Business Phone Number:              Fax #:	Type of Business: ___ Sole Proprietor    ___ Partnership    ___ Corporation
Nature of Business:	Federal Tax ID Number   UBI Number
How long in business?	How long at current address?
Are there any current tax liens in existence?	
Name of person to contact concerning payment	Phone
Title	Email:

**OWNERS AND OFFICERS**

Name & Title	Business Phone
1.	
2.	
3.	

**TRADE REFERENCES**

Name	Acct #	Phone#	FAX # (omission will delay processing)
1.			
2.			
3.			
4.			

**BANK OR SAVINGS AND LOAN ASSOCIATION:**

Bank Name and Branch	Phone and Contact Person
Address	Account Number
PLEASE CALL WITH CREDIT CARD #	Expiration Date
Credit Card Billing Address:	
Credit Card Zip Code	

The undersigned hereby grants and directs the financial institution and trade creditors named above to release any and all information requested by The Essential Baking Co. The above information contained on this sheet is to my knowledge in all respect complete, accurate and truthful.

Signed: \_\_\_\_\_ Title & Date: \_\_\_\_\_

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*Please attach a copy of your current Reseller Permit to this application.*

**PURCHASE AGREEMENT/TERMS & CONDITIONS**

The undersigned, in consideration for receiving an open line of credit from either **The Essential Baking Company or Parisian Star Desserts** (hereafter referred to as *EBC*) for purchases made by: \_\_\_\_\_ (name of business) hereby agrees on behalf of the purchasing business, to the following terms:

**1. Payment of Invoice Balance:** Purchaser agrees to pay the invoice balance for all purchases within the terms of the invoice: Net \_\_\_ days. EBC delivers an invoice with each delivery of baked goods no additional copies will be sent. Please list invoice numbers on remittance. It is the responsibility of the Purchaser to obtain copies of lost or missing invoices in a timely manner such that they are paid

**2. Late Service Charge:** Purchaser agrees to pay a Late Service Charge fee a the periodic rate of 1.5% per month (18% per annum) on all past due accounts.

**3. Default in Payment:** The Purchaser agrees that no indulgence or acceptances of delinquent or partial payments contribute a waiver to the right of EBC. Should default in payment of any amount continue in excess of 30 days beyond invoice, terms, EBC may declare the entire unpaid balance immediately due and payable. In the event that any indebtedness is placed with an attorney for collection, and/or if suit shall be brought to collect any of the principle and interest due to EBC, then the Purchaser agrees to pay all collection and attorney fees.

**4. Jurisdiction and Value:** It is hereby agreed that in the event legal action is required, that jurisdiction lies in the State of Washington, and venue for any action shall be in King County, Washington.

The undersigned shall not transfer or assign the agreement without the prior written consent of EBC.

AUTHORIZED SIGNATURE OF PURCHASER: \_\_\_\_\_

Print signer's name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_