

**CALIFORNIA FAMILY FOODS, LLC**  
**CREDIT APPLICATION**

**BUSINESS CONTACT INFORMATION**

Company Name:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

D&B#:

TIN#:

Date business established:

Sole proprietorship:

Partnership:

Corporation:

Other:

**PURCHASING/BANKING INFORMATION**

Authorized Buyer:

Address:

State:

ZIP Code:

Telephone:

E-mail:

Fax:

Amount of Credit Requested:

Bank Name:

Address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

**BUSINESS/TRADE REFERENCES**

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**AGREEMENT**

By submitting this application, you authorize California Family Foods, LLC to make inquiries into the banking and business/trade references that you have supplied. I certify that the above information is true, complete, and accurate.

**SIGNATURES**

Title:  
Date:

Title:  
Date: