



Askinosie
chocolate®



CREDIT APPLICATION AND AGREEMENT

APPLICANT

LEGAL BUSINESS NAME:

STREET ADDRESS:
.....
.....

MAILING ADDRESS:
.....
.....

PHONE: FAX: EMAIL:

SHIP TO ADDRESS:

ACCOUNT CONTACT (NAME): PHONE:

FAX: EMAIL: EXPECTED ANNUAL PURCHASE: \$.....

REQUESTED CREDIT LIMIT: TYPE OF BUSINESS: NUMBER OF YEARS IN BUSINESS:

ACCOUNTS PAYABLE CONTACT: PHONE: EMAIL:

BUSINESS INFORMATION

- SOLE PROPRIETORSHIP OWNER: SS#:
- PARTNERSHIP PARTNER: SS#:
- PARTNER: SS#:
- CORPORATION/LLC PRESIDENT/MEMBER: SS#:
- VP/MEMBER: SS#:
- SECRETARY/MEMBER: SS#:
- TREASURER/MEMBER: SS#:

FEDERAL TAX #: (IF APPLICABLE) SALES TAX EXEMPT CERTIFICATE: YES NO (IF YES, ENCLOSE SIGNED COPY)

ADDITIONAL OWNER: PHONE: EMAIL:

BANK INFORMATION

BANK: BRANCH: PHONE:

STREET ADDRESS:

CITY: STATE: ZIP: COUNTRY:

OFFICER CONTACT: ACCOUNT #: TYPE:

ACCOUNT #: TYPE:

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

TRADE REFERENCES
(PLEASE LIST 4 REFERENCES)

NAME	ADDRESS	FAX#
1.
2.
3.
4.

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Askinosie Chocolate, LLC to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: Askinosie Chocolate, LLC may require payment in full at the time of order on any past due account.

CREDIT TERMS: All invoices are due within thirty (30) days of the invoice date unless otherwise stated. A service charge of one and one half percent (1.5% per month) may be assessed on delinquent invoices.

CHANGE OF OWNERSHIP: I/We understand that we must notify Askinosie Chocolate, LLC in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and or costs of collection whether or not suit is filed. In the event collection litigation is necessary to recover any past due invoice amount I/we agree that the exclusive jurisdiction for such matter will be the Courts of Green County, Missouri and that I/we stipulate to the personal jurisdiction of such Missouri Court.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY

COMPANY NAME:

BY: **TITLE:** **DATE:**

BY: **TITLE:** **DATE:**