

PAIN *d'*AVIGNON

Credit Application Form

In order to process new accounts in a timely fashion, all fields **MUST** be completed.

Business Information

Business Name		
Corporate Name		
Street Address		
City	State	Zip Code
Business Phone #		

Owner Information

Principal Owner Name		
Driver License #		
Federal Tax ID #		
Home Phone #		
Email		

Accounts Payable Information

Contact Name	Email
Phone #	Fax #

Bank Information

Bank Name	Bank Street Address		
Account #	City	State	Zip Code
Bank Contact	Phone #		

Trade References

Food supplier references only, no alcohol trade references will be accepted.

Reference #1 Name	Reference #2 Name				
Type of Business	Type of Business				
Phone #	Phone #				
Fax #	Fax #				
Street Address	Street Address				
City	State	Zip Code	City	State	Zip Code

Affiliation

Do you currently do business with Pain D'Avignon? If so, please provide the account names, so we can cross-reference:

Please complete the form on the reverse side.

Notice to Pain D'Avignon Customer

Please read our terms carefully. Failure to abide to the terms may result in the termination of your account.

Printed Name

Company Name

I, _____, agent for _____, (the purchaser) hereby certify that the information provided on this Credit Application is accurate to the best of my knowledge and is provided for the sole purpose of obtaining credit. I authorize the references herein to release any information regarding the purchaser's credit status. I understand that it is the purchaser's responsibility to insure that payment is received by Pain D'Avignon III Ltd (the seller), according to the terms given to me. In the event that the account is turned over to an attorney, third party collection agent, suit is filed, or collected through any judicial proceeding; the purchaser shall pay all reasonable collection fees, finance charges, attorney fees, and court costs incurred by the seller. A fax or scanned copy of this document shall for all purposes be deemed as an original.

Must be signed by an Officer of the Company

Company Title (i.e. President, General Manager, etc...)

Signature

Date

For Pain D'Avignon Office Use Only

Application Status

Approved

Denied

Terms

C.O.D.

Net 7

Net 14

Signature

Date

