### **APPLICATION FOR CREDIT**

### FRANZELLA DISTRIBUTING

P.O. Box 2007 South San Francisco, CA. 94083 Fax (650) 742-7916

Thank you for your interest in Franzella Produce. To assist us in your request for credit, please *thoroughly* complete this application, *sign* where indicated, and provide *ALL* information.

Legal Business Name:			_DBA:				
Bill To Address:			_Ship To Address:				
City, State & Zip:			City, State & Zip:				
Telephone:							
Facsimile:							
T desimile.							
Corporation F	Partnership	Sole Proprietor	Limited	Liability	State of Inc		
Type of Business: (Ple	ase check <b>one</b> )						
Broker		Wholesaler					
Jobber		Other					
Retail							
D . D	·		N. 1	6.5. 1		·	
				ompany:			
Dun & Bradstreet#:			_				
Information on Princip	oals:		Credit L	imit Requested	<u> </u>		
		st all Owners and/or Partn List all Officers, Directors Home Address	s, Members	s and Majority St Phone	ockholders.	Social Sec No.	
For Corporation or Lin	nited Liability:	List all Officers, Directors	s, Members		ockholders.	Social Sec No.	
Name	nited Liability: Title	List all Officers, Directors  Home Address	s, Members		ockholders.	Social Sec No.	
Name	nited Liability: Title	List all Officers, Directors	s, Members		ockholders.	Social Sec No.	
Name	nited Liability: Title	List all Officers, Directors  Home Address  arate schedule if necessar	s, Members		ockholders.	Social Sec No.	
Name  CREDIT REFERENCE	nited Liability: Title  ES: (Attach sep	List all Officers, Directors  Home Address  varate schedule if necessar  Second	s, Members y) lary Bank:				
Name  CREDIT REFERENCE  Primary Bank:	nited Liability: Title  ES: (Attach sep	List all Officers, Directors  Home Address  varate schedule if necessar  Second	s, Members y) lary Bank:	Phone			
Name  CREDIT REFERENCE  Primary Bank:  Bank Name:  Address:	nited Liability: Title  ES: (Attach sep	List all Officers, Directors  Home Address  arate schedule if necessar  Second  Bank M  Addres	s, Members y) lary Bank: Jame:	Phone			
Name  CREDIT REFERENCE  Primary Bank:  Bank Name:	nited Liability: Title  ES: (Attach sep	Home Address  Home Address  Parate schedule if necessar  Second  Bank N  Address  City, S	y)  lary Bank:  Name: s: tate & Zip:	Phone			
Name  CREDIT REFERENCE  Primary Bank:  Bank Name:  Address:  City, State & Zip	nited Liability: Title  ES: (Attach sep	Home Address  Home Address  Parate schedule if necessar  Second  Bank N  Address  City, S  Bank C	s, Members  y)  lary Bank:  Jame: s: tate & Zip: Contact:	Phone			
Primary Bank:  Bank Name: Address: City, State & Zip Bank Contact: Telephone: Facsimile:	nited Liability: Title  ES: (Attach sep	Home Address  Home Address  Parate schedule if necessar  Second  Bank N  Address  City, S  Bank C  Teleph  Facsim	y)  lary Bank:  Signature State & Zip:_ Contact: one:	Phone			
For Corporation or Lin  Name  CREDIT REFERENCE  Primary Bank:  Bank Name:  Address:  City, State & Zip  Bank Contact:  Telephone:  Facsimile:  Checking A/C#:	nited Liability: Title  ES: (Attach sep	Home Address  Home Address  Parate schedule if necessar  Second  Bank N  Address  City, S  Bank C  Teleph  Facsim  Checki	s, Members  y)  lary Bank:  Jame:  s:  contact:  one:  ile:  ng A/C#:	Phone			
Primary Bank:  Bank Name: Address: City, State & Zip Bank Contact: Telephone: Facsimile:	nited Liability: Title  ES: (Attach sep	Home Address  Parate schedule if necessar  Second  Bank N  Address  City, S  Bank C  Teleph  Facsim  Checki  Saving	s, Members  y)  lary Bank:  Size a Zip:  contact:  one:  ile:  ng A/C#:  s A/C#:	Phone			
Primary Bank:  Bank Name: Address: City, State & Zip Bank Contact: Telephone: Facsimile: Checking A/C#: Savings A/C#:	nited Liability: Title  ES: (Attach sep	Home Address  Home Address  Second  Bank N  Address  City, S  Bank C  Teleph  Facsim  Checki  Saving  Loan A	y)  lary Bank:  S:  Sintact:  cone:  ile:  ng A/C#:  x/C#:	Phone			
Primary Bank:  Bank Name: Address: City, State & Zip Bank Contact: Telephone: Facsimile: Checking A/C#: Savings A/C#: Loan A/C#:	nited Liability: Title  ES: (Attach sep	Home Address  Home Address  Second  Bank N  Address  City, S  Bank C  Teleph  Facsim  Checki  Saving  Loan A	y)  lary Bank:  Signature & Zip: contact: one: iile: ng A/C#: s A/C#:	Phone			

## TRADE REFERENCES

Name:		Contact Person	n:
			Zip:
Name:		Contact Person	n:
			Zip:
			n:
		City, State & Z	Zip:
		Facsimile:	
Account#:_			
Name:		Contact Person	n:
Address:			Zip:
Account#:_			
1. 2.	determines that information contained on this C from Buyer of any kind or nature, Seller may w	contained in this application.  all credit available to Buyer and credit Application is false or mislithout further notice cancel any	refuse to make any further credit advances. In the event Seller leading, or if Seller receives other false or misleading credit information orders in house, or any deliveries in progress to Buyer. Any false or
3.			ny invoices outstanding shall be immediately due and payable in full.  tation or enforcement of any or all of our obligations hereunder,
4.	That this agreement has been entered into and is shall be brought in the federal or state courts los		of San Mateo, State of California, and any action brought hereunder
5.		any order with Seller unless it re	present is solvent and is able to pay our obligations as they become due. asonably believes that it will be solvent and able to pay its obligations
6.	That the Seller may use this agreement with any financial information of any kind or nature in the		institution for the purpose of obtaining all personal and business we represent.
7.	I/WE PERSONALLY GUARANTEE PA	YMENT FOR ALL PRODU	CTS PURCHASED BY THE APPLICANT.
		Signature:	Date:
		·6	
		Print Name:	Title:

### AUTHORIZATION FOR RELEASE OF CREDIT/PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize *INNOVATIVE CREDIT SOLUTIONS*, and/any all *FINANCIAL INSTITUTIONS*, *CREDIT BUREAUS*, *CREDIT PROCESSING COMPANIES OR OTHER CREDIT ASSEMBLING ENTITIES TO PROVIDE DOCUMENTATION OF MY CURRENT CREDIT STATUS TO*:

# **FRANZELLA DISTRIBUTING**

Date:	
Name:	
SSN NO.	
Address:	
Signature:	
Title:	