APPLICATION FOR CREDIT

FRANZELLA PRODUCE

P.O. Box 2285 South San Francisco, CA. 94083 Fax (650) 588-1314

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 N	Name:		DBA:						
Bill To Address:			_Ship To Address:						
City, State & Zip:			City, State & Zip:						
Telephone: Facsimile:				A/P Contact:					
				Email Address:					
			<u> </u>					_	
Corporation	Partnership [Sole Proprietor	Limited	Liability [State of Inc.	·	_	
			,						
Type of Business	s: (Please check on	ne)							
Broker	•	Wholesaler							
Jobber		Other							
Retail									
Federal Tax ID#:	:		Parent Co	ompany:					
Dun & Bradstreet	et#:								
Information on Pr	Information on Principals:			Credit Limit Requested :					
For Sole Propriet	-	List all Owners and/or Partr		amit Reques	. <u> </u>			_	
	tor or Partnership:	List all Owners and/or Partr y: List all Officers, Director Home Addres	ners. rs, Members	-	y Stocl		Social Sec No.	•	
For Corporation of	tor or Partnership: or Limited Liabilit	y: List all Officers, Director	ners. rs, Members	s and Majorit	y Stocl		Social Sec No.		
Name	tor or Partnership: or Limited Liabilit Title	y: List all Officers, Director	ners. rs, Members s	s and Majorit	y Stocl		Social Sec No.	· —	
Name	tor or Partnership: or Limited Liabilit Title	y: List all Officers, Director Home Addres reparate schedule if necessa	ners. rs, Members s	s and Majorit	y Stocl		Social Sec No.	• —	
Name CREDIT REFER Primary Bank:	tor or Partnership: or Limited Liabilit Title RENCES: (Attach	y: List all Officers, Director Home Addres reparate schedule if necessa Second	ners. rs, Members s ry) dary Bank:	s and Majorit	y Stock	kholders.		- -	
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For Corporation of Name CREDIT REFER Primary Bank: Bank Name: Address:	tor or Partnership: or Limited Liabilit Title RENCES: (Attach	y: List all Officers, Director Home Addres separate schedule if necessa Second Bank I	ry) dary Bank: Name:	s and Majorit	y Stock	kholders.		- - -	
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For Corporation of Name CREDIT REFER Primary Bank: Bank Name: Address: City, State & Zip_ Bank Contact: Telephone: Facsimile:	tor or Partnership: or Limited Liabilit Title RENCES: (Attach &	y: List all Officers, Director Home Addres separate schedule if necessa Second Bank I Addre City, S Bank O Teleph Facsin	ry) dary Bank: Name: State & Zip: Contact: Innone:	s and Majorit	y Stock	kholders.			
For Corporation of Name CREDIT REFER Primary Bank: Bank Name: Address: City, State & Zip Bank Contact: Telephone: Facsimile: Checking A/C#:	tor or Partnership: or Limited Liabilit Title RENCES: (Attach s	y: List all Officers, Director Home Addres Separate schedule if necessa Bank I Addre City, S Bank O Teleph Facsin Check	ry) dary Bank: Name: State & Zip:_ Contact: none: nile: ing A/C#:	s and Majorit	y Stock	kholders.		- -	
For Corporation of Name CREDIT REFER Primary Bank: Bank Name: Address: City, State & Zip Bank Contact: Telephone: Facsimile: Checking A/C#:	tor or Partnership: or Limited Liabilit Title RENCES: (Attach &	y: List all Officers, Director Home Addres separate schedule if necessa Second Bank I Addre City, S Bank O Teleph Facsin Check Saving	ry) dary Bank: Name:sss:_ Contact:none:nile:ing A/C#:gs A/C#:gs A/C#:	s and Majorit	y Stock	kholders.			
For Corporation of Name CREDIT REFER Primary Bank: Bank Name: Address: City, State & Zip_ Bank Contact: Telephone: Facsimile: Checking A/C#: Savings A/C#: Loan A/C#:	tor or Partnership: or Limited Liabilit Title RENCES: (Attach s	y: List all Officers, Director Home Addres Separate schedule if necessa Second Bank I Addre City, S Bank O Teleph Facsin Check Saving	ry) dary Bank: Name: State & Zip:_ Contact: none: nile: ing A/C#: gs A/C#: A/C#:	s and Majorit	y Stock	kholders.		·	
For Corporation of Name CREDIT REFER Primary Bank: Bank Name: Address: City, State & Zip Bank Contact: Telephone: Facsimile: Checking A/C#: Savings A/C#: Loan A/C#: Line of Credit: A	tor or Partnership: or Limited Liabilit Title RENCES: (Attach s	y: List all Officers, Director Home Addres Separate schedule if necessa Second Bank I Addre City, S Bank O Teleph Facsin Check Saving	ry) dary Bank: Name: State & Zip: Contact: none: ing A/C#: gs A/C#: A/C#: f Credit: A	S and Majorit	y Stock	kholders.			

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. cation 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:	