

Clear Flour Bread

178 Thorndike Street, Brookline, MA 02446

To expedite processing fax to 617-739-1885
APPLICATION FOR CREDIT AT CLEAR FLOUR BAKERY, INC. (Please Print)

Business Profile:

Trade Name or DBA _____
Corporate Name _____
Address _____
City _____ State _____ Zip _____ Phone _____

Shipping Address (if different)

Address _____
City _____ State _____ Zip _____ Phone _____

Billing Address (if different)

Address _____
City _____ State _____ Zip _____ Phone _____

Person to contact regarding payment _____ Title _____
Phone _____ Fax _____

TYPE OF BUSINESS:

CORPORATION If a Corporation State and Date established _____
 PARTNERSHIP PROPRIETORSHIP Years In business ____ Years at this location _____

Principals or Officers of Corporation:

President Vice President Treasurer Clerk Sole Proprietor Partner Other _____
Name _____ Social Security # _____
Residence Address _____
City _____ State _____ Zip _____ Phone _____

President Vice President Treasurer Clerk Sole Proprietor Partner Other _____
Name _____ Social Security # _____
Residence Address _____
City _____ State _____ Zip _____ Phone _____

President Vice President Treasurer Clerk Sole Proprietor Partner Other _____
Name _____ Social Security # _____
Residence Address _____
City _____ State _____ Zip _____ Phone _____

Bank:

Bank name _____ Branch _____ Address _____
Account # _____ Account Officer _____ Phone _____

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Please complete both pages in full.

TRADE REFERENCES (Please list 3 commercial references which you are currently using with account balances at least equal to the amount of credit for which you are applying)

Name _____
Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____
Account # _____ Contact _____

Name _____
Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____
Account # _____ Contact _____

Name _____
Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____
Account # _____ Contact _____

AGREEMENT:

If credit is granted, I (we) agree to immediately notify you of any changes in our business structure from that shown above. I (we) understand that invoices must be paid within 14 days maximum from the week ending date on a weekly bill (This will be 21 days from the week starting date on a weekly bill). In consideration of benefits accruing me, I (we) guarantee payment of all correct charges to the business and if for any reason the account is not paid when due, I (we) will pay a reasonable attorney fee, or if this account is placed in the hands of a collection agency, I (we) will acknowledge that you will be damaged there to the extent of the collection charge against you and I (we) therefore agree to pay you, as liquidated damages, an equal amount to the amount charged you on said collection by said collection agent, not exceeding, however, fifty percent of the amount unpaid thereon.

I (we) understand that

- All new bread orders or standing order additions or deletions must be made at least 48 hours ahead of the time of delivery.
- When bread is signed for upon receipt, that means that I (we) agree to pay for that bread.
- If bread is delivered in good faith, but not signed for on the delivery receipt, or if the driver signs the delivery receipt, I (we) have one day with which to register concerns about quantity and/or quality of bread (if the bread in question is returned to the bakery or the driver on the following day) whereupon the invoice may be adjusted, but that if no change is made within one day, then I (we) agree to pay for the bread listed on the delivery receipt.
- That if I (we) have a standing order with this bakery and do not notify it of a cancellation of that standing order two days before that cancellation, then I (we) agree to pay for that bread.

Applicant, whose signature hereafter, warrants that all of the above information is true and correct and that the same is given for the purpose of establishing credit and that the seller hereby granting credit is relying completely on such information. We understand these terms and agree to meet them if credit is extended.

Signed _____ Date _____

Printed Name _____ Title _____

Signature of a sole proprietor or a partner or an officer of a corporation required to process application.