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## CREDIT APPLICATION

### BUSINESS INFORMATION

BUSINESS NAME (DBA): _____	LEGAL NAME: _____
ADDRESS: _____	CITY: _____
STATE: _____ ZIP: _____	YEARS IN BUSINESS: _____
ACCOUNTING CONTACT: _____	ACCOUNTING PHONE #: _____
ACCOUNTING EMAIL: _____	ACCOUNTING FAX#: _____
PURCHASING CONTACT: _____	PURCHASING PHONE #: _____
PURCHASING EMAIL: _____	PURCHASING FAX #: _____

### TYPE OF BUSINESS

<input type="checkbox"/> CORPORATION	FED TAX ID #: _____	CORPORATE OFFICERS: _____
<input type="checkbox"/> PARTNERSHIP	FED TAX ID# OR SS#: _____	NAME OF PARTNERS: _____
<input type="checkbox"/> INDIVIDUAL(S)	FED TAX ID# OR SS#: _____	NAME OF OWNER: _____

### BANK INFORMATION

NAME OF BANK: _____	CONTACT: _____
ACCOUNT #: _____	PHONE #: _____
BANK ADDRESS: _____	FAX #: _____

### TRADE REFERENCES

SUPPLIER'S NAME _____	ACCOUNT# _____	# OF YEARS: _____
CONTACT: _____	TELEPHONE #: _____	
ADDRESS: _____	FAX #: _____	
SUPPLIER'S NAME _____	ACCOUNT# _____	# OF YEARS: _____
CONTACT: _____	TELEPHONE #: _____	
ADDRESS: _____	FAX #: _____	
SUPPLIER'S NAME _____	ACCOUNT# _____	# OF YEARS: _____
CONTACT: _____	TELEPHONE #: _____	
ADDRESS: _____	FAX #: _____	

By providing the information requested above, applicant authorizes Choc-Art LLC to obtain applicant's credit history from credit bureau and with applicant's bank and trade references.

Choc-Art LLC may assess a late charge on any unpaid portion of the account balance that is past due at a rate permitted by applicable law, 1.5% per month (18%) annum, beginning as of the billing date. I certify that all the information on this form is accurate, that I am an authorized agent for this company, and that I fully understand the credit terms and agree to the proper payment in consideration of extended credit.

DATE: _____	SIGNATURE: _____
TITLE: _____	TYPE OR PRINT NAME: _____