

Type of account:

Cima Confections, Corp.

13337 South Street, #245 Cerritos, CA 90703 Ph: 562-926-6800 Fx:866-611-8025 CREDIT APPLICATION

TION

BUSINESS CONTACT INFORMATION **Business Name:** Registered company address: City: State: ZIP Code: **Buyer Contact Name:** Phone: Fax: E-mail: Owner/Principle(s) Name: Phone: Fax: E-mail: D&B #: Federal Tax ID#: Date Business Started: Sole proprietorship: Partnership: Corporation: Other: Broker: Type of Business (Retail Store, Wholesaler, etc): **Billing Contact Name:** Telephone: E-mail: Fax: BUSINESS AND CREDIT INFORMATION Billing address (if different): City: State: ZIP Code: Bank name: Bank address: Phone: State: ZIP Code: City: Type of account Account number Savings Checking Other BUSINESS/TRADE REFERENCES - (THREE REQUIRED IF APPLYING FOR PAYMENT TERMS) Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of account: **Company name:** Address: ZIP Code: City: State: Phone: Fax: E-mail: Type of account: **Company name:** Address: City: State: ZIP Code: Phone: Fax: E-mail:



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CREDIT APPLICATION (CONTINUED)



LIST SPECIAL SHIPPING INSTRUCTIONS

AGREEMENT

- 1. All invoices are to be paid 30 days from the date of the invoice.
- 2. Claims arising from invoices must be made within seven working days.
- 3. By submitting this application, you authorize Cima Confections, Corp. to make inquiries into the banking and business/trade references that you have supplied.
- 4. I (we) hereby certify that the information in the credit application is correct. The information included on this credit application is intended for use by Cima Confections Corp in determining the account and condition of credit to be extended. Further, I hereby authorize references listed on this credit application to assist Cima Confections Corp in establishing a line of credit. If I (we) default on payment and it is necessary for Cima Confections Corp to institute legal action, if I (we) agree to pay all necessary costs and reasonable attorney fees incurred by Cima Confections Corp. If credit is approved I (we) will comply with terms and conditions.

SIGNATURE		
Printed Name:	Signature:	
Title:	Date:	