

Garlic Festival[®] Foods

Wholesale Credit Application

Business Information:

Business Name: _____ PH # _____

Type of Business: _____ # of yrs in business: _____ Fax# _____

Resale Number: _____ Owner / Principal Name _____

Email Address: _____ Website Address _____

Shipping Address: _____ City, State, Zip _____

Billing Address _____ City, State, Zip _____

Type of Business: Corporation Partnership Sole Proprietorship Non/Profit

Bank Info: _____ Account# _____ Phone:() _____

Payment Method:

COD__ Credit Card# _____ Exp_____ 3 Digit Sec#_____ Terms_____

Trade References: (required only if terms requested)

Name: _____ Acct# _____ Fax #() _____

Name: _____ Acct# _____ Fax #() _____

Name: _____ Acct# _____ Fax #() _____

In Consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 15 days of date of delivery; (2) any charges unpaid after the above 30 days are to be increased by 1 1/2% per month; (3) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees and court costs will be borne by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted;

(CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED)

Authorized Signature

Date

Title

Mail to: P.O. Box 2309 Hollister, CA 95024-2309 or Fax: (831) 636-3505 Atten.Diana