



22704 Commerce Center Court, Unit 100
Sterling, VA 20166
Phone 703-430-1600
Fax 703-430-3699
www.cardinalbakery.com

Application for Credit

Business Name: _____ DBA: _____

Bill to Address: _____ City: _____ State: _____ Zip: _____

Ship to Address: _____ City: _____ State: _____ Zip: _____

Purchasing Contact: _____ Phone: _____

Accounts Payable Contact: _____ Email: _____

Phone: _____ Cell: _____ Fax: _____

How would you like to receive statement? Drop off with order Email Mail Fax

Type of Business: (choose "one" option that best describes your business.)

Café & Eatery Caterer Retailer Country Club Distributor Restaurant
 Food Service Hotel Pizzeria Deli Other: _____

Years in Business: _____ Years under current ownership: _____ Numbers of location: _____

Do you currently have (or have you previously had) an account with Cardinal Bakery? Yes No

If yes, business name or account #'s: _____

Type of ownership: Sole Proprietorship Partnership Corporation LLC

REQUIRED

→ Federal Tax ID#: _____

→ The State of Virginia requires us to have a sales and use tax certificate of exemption on file for each of our customers. Please complete the form and return to our office with this application. If your business is located in Maryland or DC, the same form can be used.

List names of Partners, Owners or Corporate Officers

1. Name: _____ Title: _____

Residential Address: _____ Phone: _____

2. Name: _____ Title: _____

Residential Address: _____ Phone: _____

3. Name: _____ Title: _____

Residential Address: _____ Phone: _____
Business Name: _____

Credit References presently doing business with

1. Name: _____ Vendor Acct#: _____
Address _____
Phone: _____ Fax: _____
2. Name: _____ Vendor Acct#: _____
Address _____
Phone: _____ Fax: _____
3. Name: _____ Vendor Acct#: _____
Address _____
Phone: _____ Fax: _____

PAYMENT OPTIONS: Approval is based on credit history and reference responses. It typically takes up to 1 week to process this application. Incomplete information and reference response time can delay the process.

I (the undersigned) am a legal agent of and have the authority to represent the above mentioned applicant. I hereby authorize Cardinal Bakery to contact the listed trade references and to inquire about the applicant's creditworthiness.

I also agree to Cardinal Bakery requirement of \$30 per delivery/3 times per week and 4pm deadline to guarantee next day delivery. Cardinal Bakery reserves the right to add interest to the outstanding balance monthly at the rate of 1.5% (18% annum) should payment be delinquent beyond credit terms, plus NSF or Closed Account checks will be charged \$35.00 per occurrence. Cardinal Bakery also reserves the right to terminate the service to an account for repeated check bouncing, consistently past due and/or under the minimum orders.

Signed: _____ Title: _____

Print Name: _____ Date: _____

I or We (the undersigned) personally and individually guarantee the payment of any outstanding balances due Cardinal Bakery, Inc. Absent written permission by Cardinal Bakery, Inc this personal guarantee may not be revoked. Should Cardinal Bakery, Inc be forced to file a legal claim against the applicant and/or the undersigned for reason to recover the past due amount, it is the right of Cardinal Bakery, Inc to add reasonable collection costs, legal costs and attorney fees to the assigned balance due.

Signed: _____ Title: _____

Print Name: _____ Date: _____



22704 Commerce Center Court, Unit 100
Sterling, VA 20166
Phone 703-430-1600
Fax 703-430-3699
www.cardinalbakery.com

ORDERING, DELIVERY AND HOLIDAY SCHEDULE

ORDERING OPTIONS:

1. **Phone:** call (703) 430-1600
-Monday to Friday 9am-4pm and Saturday 9am-11am: To speak to a customer service representative
-Saturday 11am to Sunday 4pm: to leave message on answering machine
2. **Fax:** (703) 430-3699
-Ask one of our customer service reps for a customized fax order sheet
3. **Online:** www.cardinalbakery.com and click on order via email

-All orders must be placed before 4pm for next day delivery
-Minimum \$30 per order and at least 3 times per week

→To ensure accuracy for your order we will need your name, your business name, your business address and/or contact number (in case we have questions)

DELIVERY SCHEDULE:

Monday thru Saturday: delivered up to 6 days a week

Sunday and Major Holidays (see below): no delivery

Late order (after 4pm): will NOT be processed for next day delivery

MAJOR HOLIDAYS:

New Year's Day

Memorial Day

Independence Day July 4th

Labor Day

Thanksgiving Day

Christmas Day

COMMONWEALTH OF VIRGINIA
SALES AND USE TAX CERTIFICATE OF EXEMPTION

(For use by a Virginia dealer who purchases tangible personal property for resale,
or for lease or rental, or who purchases materials or containers
to package tangible personal property for sale)

To: _____ Date _____, _____
(Name of supplier)

_____, _____, _____, _____
(Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

The Virginia Retail Sales and Use Tax Act provides that the Virginia Sales and use tax shall not apply to tangible personal property
purchased for resale; that such tax shall not apply to tangible personal property purchased for future use by a person for taxable lease or rental
as an established business or part of an established business, or incidental or germane to such business, including a simultaneous purchase
and taxable leaseback. The Act provides also that such tax shall not apply to packaging materials such as containers, labels, sacks, cans, boxes,
drums or bags if the materials are marketed with a product being sold and become the property of the purchaser.

This Certificate of Exemption may not be used by a using or consuming construction contractor as defined in the Regulations.

The undersigned dealer hereby certifies that all tangible personal property purchased from the above named supplier on and after this
date will be purchased for the purpose indicated below, unless otherwise specified on each order, and that this Certificate shall remain in effect
until revoked in writing by the Department of Taxation. (Check proper box below.)

- 1. Tangible personal property for RESALE only.
2. Tangible personal property for future use by a person for taxable LEASE OR RENTAL as an established business, or part of
an established business, or incidental or germane to such business, or a simultaneous purchase and taxable leaseback.
3. Packaging materials such as containers, labels, sacks, cans, boxes, drums or bags that are marketed with a product being sold
and become the property of the purchaser.

Name of Dealer _____ Certificate of
Registration No. _____

Trading as _____

Address _____, _____, _____, _____
(Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

Kind of business engaged in by dealer _____

I certify that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct,
made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

By _____ (Signature) _____ (Title)

(If the dealer is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign;
if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.)

Information for supplier—A supplier is required to have on file only one Certificate of Exemption properly executed by the dealer who
buys tax exempt tangible personal property for the purpose indicated hereon.