



22704 Commerce Center Ct, 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?

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

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:

**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 3pm 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 \$75.00 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 (mm/dd/yyyy): \_\_\_\_\_

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 (mm/dd/yyyy): \_\_\_\_\_