



CREDIT APPLICATION FOR A BUSINESS ACCOUNT
PHONE (800) 834-3447 • FAX (707) 795-2671

BUSINESS CONTACT INFORMATION

Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:		Partnership:	Corporation:
Social Security Number:		Taxpayer ID Number:	
Other:			

BUSINESS AND CREDIT INFORMATION

Business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 7 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 Cotati Food Service to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: