

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Corporation \_\_ Partnership \_\_ Sole Proprietorship \_\_ Year Started \_\_\_\_

Type of Business \_\_\_\_\_

Company President: \_\_\_\_\_

Bank Reference \_\_\_\_\_

\_\_\_\_\_

Trade References: (Please include Co. Name, Address, Phone, Contact Name)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Customer hereby certifies all information provided in this credit application is true and correct. Selma's Cookies is authorized to contact all references contained in this application who, in turn, are duly authorized to release to Selma's Cookies credit information pertaining to said customer. Terms of Payment: Customer hereby agrees to pay invoices when due. Customer agrees to pay all costs of collection and attorney fees incurred in collection of all past due invoices and accounts. The undersigned has read this Credit Application and agrees to be bound by its statements, terms and conditions stated herein.

Signature : \_\_\_\_\_ Title : \_\_\_\_\_

Date : \_\_\_\_\_

One Cookie Place P.O. Box 160756 Altamonte Springs, FL 32716

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Two Cookie Place Las Vegas, NV



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