



## Credit Application

PO Box 2128, Orcutt, CA 93457  
P 805-922-6360 • F 805-739-1927

**Please fax completed form**



Name of Corporation or LCC: \_\_\_\_\_

D/B/A or T/A Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Kitchen Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Cell # Contact: \_\_\_\_\_

Name(s) or Owner(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

### Accounts Payable Information

A/P Contact: \_\_\_\_\_ A/P Phone #: \_\_\_\_\_ A/P Fax #: \_\_\_\_\_

A/P Email Address: \_\_\_\_\_

### Bank Reference

Bank Name: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_ Bank Fax #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Bank Email Address: \_\_\_\_\_

**Trade References**  
**(Minimum of 3 required)**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ No of years as a customer \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ No of years as a customer \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ No of years as a customer \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

I, the undersigned, have applied for credit with Central Coast Specialty Foods. I authorize the release of general credit and account information to Central Coast Specialty Foods for this purpose. I agree to the payment terms of **Net 10 days**.

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

**Signature is required in order for us to process credit application in a timely manner. Thank you.**