



GOLDEN GATE WINE COUNTRY MEATS

CREDIT AGREEMENT

APPLICANT:

Name of Business	Type of Organization	Year Established
Delivery Address	Billing Address	
City State Zip	City State Zip	
Business Telephone Number	Fax Number	

OWNERSHIP:

Name Title	Name Title
Home Address	Home Address
City State Zip	City State Zip
Telephone Number	Telephone Number
Email Address	Email Address

FINANCIAL INFORMATION:

Bank Name	Telephone Number	Contact Name
Address	Checking Account Number	
City State Zip	Savings Account Number	

FOOD TRADE REFERENCES:

1) Name Address City State Zip Telephone Number	2) Name Address City State Zip Telephone Number	3) Name Address City State Zip Telephone Number
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ADDITIONAL CONTACT INFORMATION:

AP Contact	Telephone Number	Purchasing Manager	Telephone Number
Email Address		Email Address	

I/We agree to be bound by the terms and conditions of sale as agreed upon with Golden Gate Wine Country Meats. I/We personally guarantee payment for all goods purchased by the above applicant even should the applicant be a corporation, and agree to advise you of any significant change in our financial position. I/We understand that a service charge of 2% per month (24% per annum) will be charged on all past due balances. In the event of legal action, to collect payment for goods purchased under this agreement. I/We agree to pay all reasonable attorney's fees, court costs and other costs of collection.

AGREED TO BY
PRINCIPAL:

PRINT NAME

DATE

AGREED TO BY
PRINCIPAL:

PRINT NAME

DATE