



**CUSTOMER ACCOUNT APPLICATION/UPDATE FORM**

I/We herein make application to The Baker's Kitchen for Credit and/or to update and reconfirm our existing account balance with The Baker's Kitchen. Applicant(s) authorize The Baker's Kitchen to verify and check the information stated herein on both the corporation and consumer credit (if available) on the principals and/or officers. If credit is granted, I/We promise to pay all bill rendered.

**Customer Information Form**

<b>Business or D.B.A.:</b> _____ <b>Legal Company Name:</b> _____ <b>Bill To Address:</b> _____ _____ <b>Type Of Business:</b> _____	<b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Email Address:</b> _____ <b>Ship To Address:</b> _____ _____
<b>Date Business Established:</b> _____ <b>Type of Business:</b> _____ Partnership _____ Proprietorship _____ Corporation _____ State of Incorporation or Registration <b>Federal ID:</b> _____ <b>Owner/President's Name:</b> _____	<b>Number of Locations:</b> _____ <b>Number Of Employees:</b> _____ <b>Annual Sales:</b> _____ <b>Accounts Payable Contact:</b> _____ <b>Purchasing Contact:</b> _____

**Trade and Bank Credit Reference**

<b>Company Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Account Number:</b> _____ _____	<b>Company Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Account Number:</b> _____ _____
<b>Company Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Phone Number:</b> _____ <b>Fax Number:</b> _____ <b>Account Number:</b> _____	<b>Company Bank:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Contact Person:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____ <b>Checking Acct:</b> _____

**DEFAULT AGREEMENT**

The Baker's Kitchen or its affiliates may impose a monthly finance charge on any delinquent payments at a equal rate of 1% of the unpaid balance of the invoice per month, commencing thirty (30) days after the due date. The Baker's Kitchen shall also be entitled to recover its cost of collection, including reasonable attorney's fees for any delinquent amount.

\_\_\_\_\_  
 Signed By X                      President/Owner only                      \_\_\_\_\_                      Print Name                      \_\_\_\_\_                      SSN                      \_\_\_\_\_                      Date

In consideration of your extending credit Applicant, (I) (WE) jointly and severally guarantee payment to you of all indebtedness, which Applicant has incurred or may incur, and performance of all obligations of said Applicant. This guaranty shall continue in full force and effect until such time as you shall receive from the undersigned written notice of revocation, and such revocation shall not in any way relieve the undersigned from liability for any indebtedness or obligation incurred prior to the actual receipt by you of said notice.

\_\_\_\_\_  
 Signed By Guarantor                      \_\_\_\_\_                      Print Name                      \_\_\_\_\_                      SSN                      \_\_\_\_\_                      Date