GOLDEN STATE FRESH INC
325 Franklin Street Ste. B, Oakland CA 94607
Phone: 510-879-7174 | Fax: 510-788-4054

CUSTOMER CREDIT APPLICATION

Section 1: Applicant Business Information

Legal Business Name: _____

DBA: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Federal Tax ID (EIN): _____

Business Structure: ( ) Corp ( ) LLC ( ) Partnership ( ) Sole Prop
_____

Date Established: _____

Business Type: _____

Credit Needed: $ _____

Section 2: Contact & Owner Information

A/P Contact & Email: _____

Owner/Officer Name: _____ SSN: _____

Section 3: Banking Information

Bank Name: _____

Bank Address: _____

Account Number: _____

Loan Officer: _____

Phone: _____

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Section 4: Trade References (3 Required)

Company 1 Name: _____

Contact: _____

Phone: _____

Account #: _____

Company 2 Name: _____

Contact: _____

Phone: _____

Account #: _____

Company 3 Name: _____

Contact: _____

Phone: _____

Account #: _____

Section 5: Terms & Certification

TERMS: Applicant agrees to pay all invoices Net 21 days. Late payments may incur 1.5% per month.
CERTIFICATION: Applicant authorizes Golden State Fresh Inc to verify credit and banking information.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____