



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					

FOOD TRADE REFERENCES:

1)			2)			3)					
Name			Name			Name					
Address			Address			Address					
City		State		Zip		City		State		Zip	
Telephone Number			Telephone Number			Telephone Number					

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 _____