

CREDIT APPLICATION

APPLICANT INFORMATION

Business Name: _____
Street Address: _____ City: _____
State: _____ Zip: _____

RESPONSIBLE PARTIES

Name: _____ Title: _____
Address: _____ Phone: _____
Name: _____ Title: _____
Address: _____ Phone: _____

BUSINESS INFORMATION

Trade Name: _____ Individual Partnership Corporation
Number of Years in Business: _____ Business Phone: _____
Tax ID or SSN: _____ Home/Other Phone: _____

REFERENCES

Bank: _____ Account No.: _____
Branch: _____ Checking Savings Other

VENDER REFERENCES

■ Vender Name: _____ Account No.: _____
Address: _____ Phone No.: _____
■ Vender Name: _____ Account No.: _____
Address: _____ Phone No.: _____
■ Vender Name: _____ Account No.: _____
Address: _____ Phone No.: _____

I authorize Manna Foods Inc. to verify the information provided on this form as to my credit history.

Signature of Applicant: _____ Date: _____
Signature of Applicant: _____ Date: _____

Please Note: Completed Application May be Faxed to: (510) 654-0015 Attn: Credit Department