



CREDIT APPLICATION

Return via E-Mail To:
accounting@sadierose.com

IMPORTANT ORDERING INFORMATION, PLEASE READ: Due to the time required to process your application and assign you to a delivery route that best fits your needs, we require five (5) business days from the time we receive your fully completed application before you will receive your first order.

Our deadline for placing orders is 3:00 p.m. two days before delivery.

Please complete the attached application and return it to us by e-mail to accounting@sadierose.com

Thank you for selecting Sadie Rose Baking Company as your supplier of artisan bread.

COMPANY NAME _____ **DATE** _____

ACCOUNTS PAYABLE CONTACT:

NAME _____ TITLE _____

A/P PHONE _____ A/P FAX _____ E-MAIL _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COMPANY INFORMATION:

LEGAL NAME _____ DBA _____

DATE ESTABLISHED _____ AT PRESENT LOCATION SINCE _____

CHECK ONE: () CORPORATION () PARTNERSHIP () LLC () SOLE PROPRIETORSHIP () LP/LIMITED PARTNERSHIP

IF INCORPORATED, DATE OF INCORPORATION _____ STATE OF INCORPORATION _____

NAMES OF OWNERS, OFFICERS, OR PARTNERS:

NAME _____ TITLE _____ DRIVERS LIC NO. _____ STATE _____

NAME _____ TITLE _____ DRIVERS LIC NO. _____ STATE _____

NAME _____ TITLE _____ DRIVERS LIC NO. _____ STATE _____

NAME _____ TITLE _____ DRIVERS LIC NO. _____ STATE _____

STATE SALES TAX NO. /RESALE NO. _____ FEDERAL EMPLOYER ID NO (EIN) _____

STATE OF ISSUANCE _____

HAVE ANY OF THE PRINCIPALS (I.E. PARTNERS, OWNERS OR OFFICERS) OF YOUR COMPANY EVER FILED FOR BANKRUPTCY OR REORGANIZATION OR BEEN A PRINCIPAL OF A COMPANY THAT FILED FOR BANKRUPTCY OR REORGANIZATION?

() YES () NO

OFFICE USE ONLY	
Credit Limit _____	Credit Terms _____
_____ Approved By	

CREDIT REFERENCES:

LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF OTHER VENDORS THAT CURRENTLY OFFER YOUR COMPANY CREDIT TERMS:

- 1. VENDOR _____ ACCOUNT # _____
CREDIT DEPT CONTACT _____ CREDIT DEPT FAX OR EMAIL _____
- 2. VENDOR _____ ACCOUNT # _____
CREDIT DEPT CONTACT _____ CREDIT DEPT FAX OR EMAIL _____
- 3. VENDOR _____ ACCOUNT # _____
CREDIT DEPT CONTACT _____ CREDIT DEPT FAX OR EMAIL _____

The information provided on this application is for the purpose of obtaining credit. The individual executing this application on behalf of the Customer, individually and personally represents and warrants to Sadie Rose Baking Company that he/she is authorized to execute this application on behalf of the Customer and the information set forth in this application is accurate and complete. The prevailing party in any proceeding to enforce the Guarantee or to resolve a dispute with Sadie Rose Baking Company will be entitled to recover its costs, including attorney's fees and collection agency fees from the other party.

In consideration for Sadie Rose Baking Company's extension of credit, Customer agrees to pay interest on any unpaid purchases, beginning 30 days after the payment due date, at the rate of 1.5% per month. Customer also agrees to pay Sadie Rose Baking Company \$35 for each check issued by Customer to Sadie Rose Baking Company that is returned unpaid or marked NSF.

By signing this application, Customer hereby authorizes Sadie Rose Baking Company to make such inquiries as are necessary to verify creditworthiness of Customer, and authorizes its suppliers to release information regarding its accounts and payment history.

The preceding representation and warranty will be deemed to be repeated in each purchase by Customer. Fax documents will be deemed as original. No oral agreements are accepted. The terms on this credit application supersede any and all others.

SIGNATURE _____ DATE _____
 NAME (PLEASE PRINT) _____ TITLE _____

Guaranty

In consideration of Sadie Rose's extension of credit to Customer, the undersigned Guarantor(s), jointly and severally, unconditionally guarantee and promise to pay to Sadie Rose Baking Co., or its assigns, any indebtedness incurred Customer for the purchase of goods from Sadie Rose Baking Co. including any late charges and collection costs. Guarantor(s) understand and agree that this is a continuing and unconditional guaranty as to any and all debt incurred on an open book account for goods sold and delivered to Customer, until revoked by written notice delivered to Sadie Rose Baking Co. at 8926 Ware Court, San Diego, CA 92121. This Guaranty shall cover all future indebtedness arising under successive transactions. This Guaranty is effective regardless of the legal form of Customer, whether disclosed or undisclosed. Any termination of this Guaranty shall be effective only as to indebtedness incurred after the receipt by Sadie Rose Baking Co. of the above-described written notice of termination.

NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ HOME PHONE _____

SIGNATURE _____ DATE _____

NAME _____ TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ HOME PHONE _____

SIGNATURE _____ DATE _____