

Credit Application

Account Information

Business Name		Corporate Name or DBA				
Business Address	City, State, Zip Code					
Date Business Started	Tax ID/FEIN					
Phone N ^o -	Fax N ^o	Fax N ^o Accounting Contact		Accounting Phone N ^o		
Check Each That Apply:	🗌 Proprietorship 🛛 🗍 Partn	ership 🛛 Corporation	LLC			
Ownership Informa	${ m tion}$ (list four largest owners and all m	ust sign below)				
Name	Home Address		Home Phone N ^o		Social Security N ^o	
Name	Home Address		Home Phone N ^o -		Social Security N ^o	
Name	Home Address		Home Phone N ^o		Social Security N ^o	
Name	Home Address		Home Phone N ^o		Social Security N ^o	
Business Informatic	n					
Bank Name	Branch	Pho	one N ^o	Acco	ount N ^o -	
Produce Supplier	Contact Name	Pho	Phone N ^o		Fax N ^o	
Bakery Supplier	Contact Name	Pho	Phone N ^o		Fax N ^o	
Dry Goods Supplier	Contact Name	Pho	Phone N ^o		Fax N ^o	
	Contact Name	Pho	Phone N ^o		Fax N ^o	
Seafood Supplier				Fax N ^o -		

Successors or assigns. I certify that all of the above information is true and correct. The undersigned authorizes Bassian Farms tasks in a more spins any autorest pression and an and the above information is true and correct. The undersigned authorizes Bassian Farms tasks in a different information is a single to bassaful a true and correct. The undersigned authorizes Bassian Farms tasks in a different information is a single to bassaful a different information is a single to bassaful authorized authorizes and a single task information is a single to bassaful authorized authorized bassaful authorized authorized authorized authorized bassaful authorized bassaful authorized authorized authorized authorized bassaful authorized authorized authorized authorized bassaful authorized auth

Owner's Signature and Printed Name

Northern California's Finest Natural Meats -

P.O. Box 21160 · San Jose, CA 95151 · Phone 408.286.6262 · Fax 408.286.6861 · bassianfarms.com