Customer Credit Application

Please Fax to Clyde's: 630-628-6838

_____ NEW ACCOUNT ACCOUNT # _____ DATE: _____

_____ REVISION (EXPLAIN): _____

INSTRUCTIONS: Please print or type. Fill in all spaces and sign where indicated. A signature is mandatory prior to receiving credit terms.

Business Trade Name:		**Please Check One:**	
		Proprietorship:	
Business Legal Name:		**Partnership:**	
		Corporation:	
Business Address:	**City**	**State**	**Zip Code**
Shipping Address:	**City**	**State**	**Zip Code**

Person to Contact: _____ Phone #: _____

Accounts Payable Manager: _____ Phone #: _____

How long in business?	**Type of Credit requested (circle one):** C.O.D WEEKLY	**Amount of Credit Requested**
How long at this Location?	**Certificate of Resale #**	**Copy Attached?** Yes No
Legal Owner's Name:	**Home Address, City, State, Zip Code:**	**Home Phone #:**

List of Corporate Officers or Partners (Include Titles):

1) _____

2) _____

3) _____

4)

Bank Reference:

Bank Name:	**Address**	**City**	**State**	**Zip Code**
Bank Contact/Name & Title:		**Account #**		**Phone #**

Trade References From Current Major Supplies

Company Name:	**Address, City, State, Zip Code**	**Account #**	**Phone #**
1)			
2)			
3)			

The above information is submitted for the purposes of obtaining credit. The undersigned agrees to make payment in full to Clyde's Delicious Donuts for all purposes in accordance with your invoices. Should the undersigned default in any such payment. The undersigned agrees to pay a reasonable attorney fee and all pother costs and expenses incurred by Clyde's Delicious Donuts in securing the collection of any obligation.

Date **Authorized Signature & Title** **Social Security # or Federal I.D. #**