

# CAMILLA PECAN COMPANY APPLICATION FOR CREDIT

Date: \_\_\_\_\_

Name for Account: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Circle One:      CORPORATION      PARTNERSHIP      INDIVIDUAL

Name of Parent Company if Subsidiary: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Payable Contact: \_\_\_\_\_

Type of Business or Organization: \_\_\_\_\_

At Present Location Since: \_\_\_\_\_ Year Established: \_\_\_\_\_

## REFERENCES

Please list one bank reference and two vendor references. List only those companies that sell to you on a charge basis:

1.) (BANK) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

If your group does not have a bank account, we require the following information on the individual who will be responsible for payment of charges incurred.

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Bank name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Account # \_\_\_\_\_ Bank Phone # \_\_\_\_\_

### **Return/Replacement Policy**

All of "Camilla Pecans" products carry our 100% guarantee. If there is any loss or damage to the product, please note this on your delivery receipt and call us immediately. 1-800-526-8770. We will not be able to accept returns after 5 days from delivery date.

### **Credit Terms**

Our terms are standard prepaid unless prior credit approved. Once credit is approved payment must be received within 30 days from shipment.

### **AUTHORIZED SIGNATURE**

Your signature authorizes Camilla Pecan to obtain, confirm or request further information concerning such information and/or your credit standing from others including credit reporting agencies.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_