



Credit Application

Name of Company:	Phone:	Fax:
Billing Address	Ship-To Address	
City/State/Zip	City/State/Zip	
Web Site:	E-Mail Address:	

Year Established _____ Tax ID Number: _____ Sales Tax Exemption#: _____

Type of Business: Proprietorship Partnership Corporation LLC Other: _____

Business Premises are: Owned Rented/Leased Years at this location: _____

Name of Principal(s): 1) _____ 2) _____

Accounts Payable Contact: _____

Bank Reference:

Name of Bank: _____ Account Number _____

Address: _____ City _____ State _____ Zip _____ Phone _____

Credit References:

Name of Company	Contact Person	Phone	Fax	E-mail
1.				
2.				
3.				

I/We hereby represent that I/we are authorized to submit this application on behalf of the customer named above, and that the information provided is for purposes of obtaining credit with Aunt Jeni's Home Made. All statements contained in the application represent the financial condition of the applicant and are warranted to be true and correct. I/We hereby authorize Aunt Jeni's Home Made to investigate the references listed to obtain information pertaining to my/our credit and financial responsibility. The undersigned agrees to pay all invoices within the terms of Net 30 days of the invoice date. In the event a delinquent account is placed in the hands of a licensed collector or attorney for collection, the applicant agrees to pay, in addition to the amount of the delinquent billing, all reasonable attorney fees and collector fees.

Authorized Signature(s)	Printed Name	Title	Date
1.			
2.			

Email to sales@auntjeni.com, Fax to (301) 702-1508 or Mail to PO Box 124, Temple Hills MD 20757 Thank you!