



# CREDIT APPLICATION AND ACCOUNT AGREEMENT

1636 Gilbreth Road, Burlingame, CA 94010

Phone: 415.282.0990 Fax: 415.282.1322

COMPANY INFORMATION				
<b>COMPANY</b>	Legal Entity			
	DBA			
	Address			
	Phone Number		Fax Number	
	Email Address		Web Address	
	Federal Tax ID		Years in Business	
	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
NAME OF PARTNERS OR CORPORATE OFFICERS				
<b>OWNERSHIP</b>	Name		Name	
	Title		Title	
	Address		Address	
	Social Security #		Social Security #	
	Date of Birth		Date of Birth	
	% Ownership		% Ownership	
BANK CHECKING AND SAVINGS INFORMATION				
<b>BANKING</b>	Bank Name & Type of Acct		Bank Name & Type of Acct	
	Acct Number		Acct Number	
	Contact/Bank		Contact/Bank	
	Phone Number		Phone Number	
TRADE REFERENCES				
<b>TRADE REFERENCES</b>	Company		Company	
	Address		Address	
	Phone Number		Phone Number	
	Fax Number		Fax Number	
	Acct Number		Acct Number	
	Years of Doing		Years of Doing	
	Company		Company	
	Address		Address	
	Phone Number		Phone Number	
	Fax Number		Fax Number	
	Acct Number		Acct Number	
	Years of Doing		Years of Doing	
<b>PERSONAL GUARANTY</b>	<p>I have made the above statements for the purpose of obtaining credit for products provided by Kael Foods, Inc. I certify they are true and authorize Kael Foods, Inc. to make a credit investigation. Terms are net 30 days from the invoice date. I agree to pay a late charge of 1.5% per month (18% per year) on any dilinquent balances. Facsimile signatures shall have the same force and effect as an original signature. A service charge of \$25.00 will be applied for each check returned un-paid. Notwithstanding that this account is established in the name of the company or person listed above, I personally guarantee payment of this</p>			
	PRINTED NAME: _____  TITLE: _____	SIGNED: _____  DATE: _____		