
Ninos Fine Foods

PO. Box 31224 San Francisco, Ca. 94131

Phone: (415) 359-5668

Ninosfinefoods@yahoo.com

CREDIT AGREEMENT

Applicant:

Name of Business			Type of Organization	DBA	Year Established
Billing Address			Delivery Address (if different)		
City	State	Zip	City	State	Zip
Business Telephone Number		Business email	Fax Number	Website	

Ninos Fine Foods

Ownership::

Name	Title	Name	Title		
Address		Address			
City	State	Zip Code	City	State	Zip Code
Telephone Number		e-mail Address	Telephone Number		e-mail Address

Financial Information:

Bank Name	Telephone Number	Contact Name
Address	Checking Account Number	
City	State	Zip Code
Credit Card	Savings Account Number	
	Loan Account Number	

References:

_____ Name	_____ Name	_____ Name
_____ Address	_____ Address	_____ Address
_____ City	_____ City	_____ City
_____ State	_____ State	_____ State
_____ Zip	_____ Zip	_____ Zip
_____ Telephone Number	_____ Telephone Number	_____ Telephone Number

For office use only:

Denied _____ Approved _____ Terms _____ Effective Date _____

Credit Limit _____ Account Code _____ Verify By _____

Nino's Fine Foods

AGREED TO BY _____

Signature _____

PRINT NAME _____

DATE _____

AGREED TO BY _____

Signature _____

PRINT NAME _____

DATE _____

I/We agree to be bound by the terms and conditions of sale as agreed Upon with Nino's Fine Foods. I/We personally guarantee payment for all Goods purchased by the above applicant even should the applicant be a corporation, and agree to advise you of any significant change in our financial Position. I/We understand that a service charge of 2% per month (24% per annum) Will be charged On all past due balances. In the event of legal action, to collect payment for goods purchased under this agreement, I/We agree to pay All reasonable attorney's fees, court costs, and other costs of collection.