



CREDIT APPLICATION AND ACCOUNT AGREEMENT

1950 Innes Ave., San Francisco, CA 94124

Phone: 415.282.0990 Fax: 415.282.1322

COMPANY INFORMATION			
COMPANY	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			
OWNERSHIP	Name	Name	
	Title	Title	
	Address	Address	
	Social Security #	Social Security #	
	Date of Birth	Date of Birth	
	% Ownership	% Ownership	
BANK CHECKING AND SAVINGS INFORMATION			
BANKING	Bank Name & Type of Acct	Bank Name & Type of Acct	
	Acct Number	Acct Number	
	Contact/Bank	Contact/Bank	
	Phone Number	Phone Number	
TRADE REFERENCES			
TRADE REFERENCES	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	
PERSONAL GUARANTY	<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: _____	