

Blue Moon Acres  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

BUSINESS INFORMATION

|   |        |             |  |
|---|--------|-------------|--|
| <b>Legal Name:</b>  |        | <b>DBA:</b> |  |
| Billing Address:  |        |             |  |
| City:   | State: | Zip:        |  |
| Shipping Address:   |        |             |  |
| City:   | State: | Zip:        |  |
| Type of Business (Caterer, Restaurant, Store, Coop, etc): |        |             |  |

CHEF CONTACT INFORMATION

|                        |        |            |  |
|------------------------|--------|------------|--|
| Purchasing Agent Name: |        | Title:     |  |
| Email:                 | Phone: | Alt Phone: |  |
| Secondary Purchaser:   |        | Title:     |  |
| Email:                 | Phone: | Alt Phone: |  |

ACCOUNTING INFORMATION

|                                |        |        |  |
|--------------------------------|--------|--------|--|
| Accounts Payable Contact Name: |        | Title: |  |
| Email (REQ'D):                 | Phone: | Fax:   |  |

FINANCIAL INFORMATION

|                                   |                 |        |  |
|-----------------------------------|-----------------|--------|--|
| Bank Name:                        |                 |        |  |
| Bank Address:                     |                 | Phone: |  |
| City:                             | State:          | Zip:   |  |
| Type of account:                  | Account number: |        |  |
| Savings <input type="checkbox"/>  |                 |        |  |
| Checking <input type="checkbox"/> |                 |        |  |

PAYMENT TERMS

|  |  |                  |      |
|--|--|------------------|------|
| Indicate payment details: charged via <input type="checkbox"/> Credit Card (provide details below) or <input type="checkbox"/> Account Billing ( <b>NET 14</b> ) |  |                  |      |
| Name on Card:  |  | Type:            |      |
| Card number:   |  | Expiration Date: |      |
| Associated Billing Address:  |  | State:           | Zip: |

BUSINESS/TRADE REFERENCES

|               |      |          |  |
|---------------|------|----------|--|
| Company name: |      | Contact: |  |
| Phone:        | Fax: | Email:   |  |
| Company name: |      | Contact: |  |
| Phone:        | Fax: | Email:   |  |
| Company name: |      | Contact: |  |
| Phone:        | Fax: | Email:   |  |

AGREEMENT

1. **All invoices are to be paid 14 days from the date of the invoice**
2. Claims arising from invoices must be made the day of the receipt
3. Prices are subject to change without notice
4. Credit cards are charged automatically every Friday for the week's accrued invoices.
5. By submitting this application, you authorize Blue Moon Acres to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

|                 |                 |
|-----------------|-----------------|
| Title:<br>Date: | Title:<br>Date: |
|-----------------|-----------------|