



**GREAT BUNS BAKERY**

3270 E. Tropicana Ave.

Las Vegas, NV 89121

Phone: 702-898-0311 x 2

Fax: 702-898-1767

Accounts Receivable: [accounting@greatbunsbakery.net](mailto:accounting@greatbunsbakery.net)

Email for orders: [orderdesk@greatbunsbakery.net](mailto:orderdesk@greatbunsbakery.net)

**CONFIDENTIAL CREDIT APPLICATION**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.B.A. \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Number of years in Business: \_\_\_\_\_ Number of years at this location#: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ **Pick up or Delivery (CHOOSE):** \_\_\_\_\_

Emergency Contact/Number: \_\_\_\_\_ Alarm Code: \_\_\_\_\_ Key Avail: (y/n) \_\_\_\_\_

Have you ever filed for Bankruptcy (y/n): \_\_\_\_\_ If yes, what year: \_\_\_\_\_

**Chef's Information**

Chef's Name: \_\_\_\_\_

Chef's Email Address: \_\_\_\_\_

Chef's Phone #: \_\_\_\_\_

**Accounts Payable \*MUST PROVIDE\***

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

[ ] Proprietorship [ ] Partnership [ ] Corporation (State) \_\_\_\_\_


**Name(s) of Owner(s), Partners or Corporate Officers**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Name \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_ SS#: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Business License #: \_\_\_\_\_

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**Trade References (EX:SYSCO) \*WITHOUT REFERENCES THE ACCOUNT WILL BE PLACED ON C.O.D PAYMENT TERMS\***

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's signature gives Great Buns Bakery authorization to complete a confidential credit check from the information provided.

Applicant's Signature attests financial responsibility, ability, and willingness to pay invoices in accordance with the terms of sale of Great Buns Bakery.

Applicant hereby certifies that all statements and information disclosed on this application are true, correct, complete, and are made for the purpose of obtaining invoicing terms. This credit application is to receive our normal terms of sale: Net 10, 20 or 30 days depending on your return credit check.

This application is not for an open account or an open line of credit. When an invoice is past the normal terms a service charge of 2% may be added to delinquent balances.

Applicant further agrees to pay court costs, attorney fees and collection fees when accounts become delinquent with Great Buns Bakery. This application is not valid and acceptable without signatures, title or capacity and date.

PLEASE NOTE: Great Buns Bakery credit applications must be signed by an officer or principal of the company submitting the credit application. Applications signed by Office Managers, Bookkeepers, etc. will be returned for an authorized signature before the application is processed. Your order will be delayed if it is necessary to return the credit application for an authorized signature.

FIRM NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title or Capacity: \_\_\_\_\_

***PERSONAL GUARANTEE OF PAYMENT BY OWNER, PARTNER OR CORPORATE OFFICE FOR ALL PAST, PRESENT AND FUTURE INVOICES***

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_