

## **CREDIT APPLICATION**

Email michelle@gormanconfections.com with any questions!

STORE NAME						
OWNER'S NAM	E					
ADDRESS		CITY				
STATE ZIP	PHONE_	FAX	# [	E-MAIL		
D&B#	FED TAX	( ID#	OWNER'S SOC. SEC	. #		
MGR/BUYER		ACCTS	PAYABLE CONTACT _			
CANDY LINES N	IOW CARRIED					
NO. YEARS IN B	USINESS	HOME ADDRESS				
CITY	ST/	ATE & ZIP	HOME PHONE_			
TRADE REFERE	NCES					
1. BANK						
	name	address			phone	
	acct #		contact			
2. TRADE						
	name	address	phone		fax	
3. TRADE						
	name	address	phone		fax	
4. TRADE						
	name	address	phone		fax	
5. TRADE						
	name	address	phone		fax	
6. TRADE						
name		address	phone	fax		
INDIV STORE_	CHAIN	PARTNERSHIP	_CORPORATION	_ INDIV OWNER_		
PARTNER OR CO	ORPORATE OFFIC	ER NAMES				

This credit application authorizes the bank and trade references listed in this credit application to release information necessary to assist our manufacturers in establishing a line of credit.



**P** 310.548.6087 1707 247<sup>th</sup> Place

P 800.421.2297 Lomita, CA 90717

F 310.872.5422 GormanConfections.com

Unless otherwise agreed in writing by our manufacturers, payment will be made within the manufacturer's terms. Please note that each manufacturer has its own terms and your account may be subject to a finance charge if not paid within these terms.

By making use of or accepting any extension of credit, the applicant agrees: that California law shall govern the parties' relationship; that any contract involving such extension of credit is deemed made in Alameda County, California, where venue in any action or question pertaining to such contract or extension of credit is to be.

If default occurs on a payment and it is necessary for our manufacturer to institute legal action, I (we) agree to pay all necessary costs and reasonable attorney fees incurred by the manufacturer. If credit is approved, we will comply with the terms and conditions provided by the manufacturer.

	signed	date
This application is to be processed for t	the following manufacturers:	