Albemarle Baking Company

418 West Main Street, Charlottesville, VA 22903

APPLICATION FOR CREDIT (Please Print)

			Busine	ss Profile:			
Trade Name o	or DBA						
Corporate Na	me						
City		State		ZipI	Phone		
	dress (if different)						
City		State	Zi	pPhor	ne		
Billing Addr	ess (if different)						
City		_State	Zi	pPhor	ne		
Phone	0 01		Fa	ıx			
CORPORA PARTNER	ATION If a Corpora SHIP PROPRI			ars In business		s location	
President Name	Vice President	Principals Treasurer	or Offi	cers of Corpora Sole Proprietor Social Security #	Partner	Other	
President Name	Vice President	Principals Treasurer	or Offi	cers of Corpora Sole Proprietor Social Security #	Partner	Other	
President Name	Vice President	Principals Treasurer	or Offi	cers of Corpora	Partner	Other	
President Name Residence Ad City President Name	Vice President IdressSta Vice President	Principals Treasurer te Treasurer	or Offi Clerk Zip Clerk	Sole Proprietor Social Security # Phone Sole Proprietor Social Security #	Partner Partner	Other	
President Name Residence Ad City President Name Residence Ad	Vice President Idress Sta Vice President Idress	Treasurer te	Or Offi Clerk Zip Clerk	Sole Proprietor Social Security # _ Phone Sole Proprietor Social Security # _	Partner Partner	Other	
President Name Residence Ad City President Name Residence Ad	Vice President Idress Sta Vice President Idress	Treasurer te	Or Offi Clerk Zip Clerk	Sole Proprietor Social Security # Phone Sole Proprietor Social Security #	Partner Partner	Other	
President Name Residence Ad City President Name Residence Ad City President Name Mane	Vice President State	Treasurer te Treasurer te Treasurer	Clerk Zip Clerk Zip Clerk	Sole Proprietor Social Security # _ Phone Sole Proprietor Social Security # _	Partner Partner	OtherOther_	
President Name Residence Ad City President Name Residence Ad City President Name Presidence Ad Residence Ad Residence Ad Residence Ad Residence Ad	Vice President Idress Sta Vice President Idress Sta Vice President	Treasurer te Treasurer te	Clerk Zip Clerk Zip Clerk	Sole Proprietor Social Security # Phone Sole Proprietor Social Security # Phone Sole Proprietor Social Security #	Partner Partner	Other	
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President Name Residence Ad City President Name Residence Ad City President Name Residence Ad City Bank name	Vice President dress	Treasurer te Treasurer te Treasurer te Branch	Clerk Zip Clerk Zip Clerk Zip B	Sole Proprietor Social Security # Phone Sole Proprietor Social Security # Phone Sole Proprietor Social Security # Phone Phone Phone	Partner Partner Partner	Other	

TRADE REFERENCES (Please list 3 commercial references which you are currently using with account balances at least equal to the amount of credit for which you are applying)

Name				
Address			City	Fax
State	Zip	Phone		Fax
Account #			Contact	
Name				
Address			City	
State	Zip	Phone		Fax
Account #			Contact	Fax
Name				
Address			City	
State	Zip	Phone		Fax
Account #			Contact	Fax
		AGRI	EEMENT:	
account is not pa of a collection as charge against yo charged you on s unpaid thereon.	aid when due, I (we gency, I (we) will a ou and I (we) there said collection by said) will pay a reason cknowledge that ye fore agree to pay y	able attorney fee, ou will be damage ou, as liquidated d	the business and if for any reason the or if this account is placed in the hands d there to the extent of the collection lamages, an equal amount to the amount however, fifty percent of the amount
time of deliv When bread If bread is of delivery rec (if the bread may be adju on the deliv That if I (wo	ad orders or standing very. It is signed for upon delivered in good far eipt, I (we) have or I in question is returnated, but that if no ery receipt.	receipt, that means tith, but not signed the day with which to rned to the bakery change is made with	s that I (we) agree for on the deliver to register concern or the driver on th thin one day, then ery and do not not	to pay for that bread. y receipt, or if the driver signs the is about quantity and/or quality of bread is following day) whereupon the invoice I (we) agree to pay for the bread listed if y it of a cancellation of that standing that bread.
that the same is a	given for the purpor	se of establishing o	redit and that the	solve information is true and correct and seller hereby granting credit is relying to meet them if credit is extended.
Signed			Date	
Printed Name			Title	

Signature of a sole proprietor or a partner or an officer of a corporation required to process application.