

# DRIFTWOOD DAIRY

## CREDIT APPLICATION

10724 EAST LOWER AZUSA ROAD  
EL MONTE, CALIFORNIA 91731  
1-800-864-6455 / 1-626-444-9591  
**Fax Application to: 626-448-7649**

For the purpose of procuring credit from Driftwood Dairy, the undersigned offers the following as a true and accurate statement and agrees to immediately notify Driftwood Dairy in writing, of any material changes, including and without limitation, changes of ownership. The undersigned further agrees that the seller until paid in full retains title to any merchandise delivered. Terms Begin from date of invoice. If the buyer is a corporation, the undersigned officers hereby agree that they will be personally liable for any indebtedness owed by the corporation. In the event of any dispute or controversy between the parties, for enforcement of this agreement or account or any provision thereof, the laws of California shall be in effect with Rio Hondo Municipal Court as the proper venue. In the event Driftwood Dairy is required to take steps to collect any monies due from the undersigned, including without limitation hiring legal counsel, filing Small Claims action or arbitration, Driftwood Dairy shall be entitled to recover all costs including reasonable attorneys' fees so incurred. Buyer and undersigned understand that A credit check may be made and the buyer/undersigned consent to any credit check

### GENERAL INFORMATION

**FIRM OR D.B.A.** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
CELL# \_\_\_\_\_  
RESALE # \_\_\_\_\_  
ABC # \_\_\_\_\_  
FEDERAL I.D. # \_\_\_\_\_  
BUSINESS STARTED IN? (DATE) \_\_\_\_\_  
SOLE PROPRIETOR \_\_\_\_\_ PARTERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_

### SOLE PROPRIETORSHIP

OWNER(s) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE # \_\_\_\_\_  
HOME TELEPHONE # \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

### PARTNERSHIP

1. PARTNER'S NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_  
2. PARTNER'S NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

## CORPORATION

NAME OF CORPORATION \_\_\_\_\_ CORPORATION NUMBER \_\_\_\_\_  
PRESIDENTS NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ CELL \_\_\_\_\_  
VICE PRESIDENTS NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DRIVERS LICENSE \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ CELL \_\_\_\_\_

## BANK REFERENCES

NAME OF BANK \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE \_\_\_\_\_  
CHECKING ACCOUNT \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_  
SAVINGS \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
VISA \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
MASTER CHARGE \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

## TRADE REFERENCES

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

LANDLORD  
(BUSINESS OR PERSONAL)  
NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
PERSONAL REFERENCE  
NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

**I/WE, THE BELOW SIGNED HAVE APPLIED TO DRIFTWOOD DAIRY FOR CREDIT AND IF APPROVED, I/WE AGREE TO PAY OUR ACCOUNT ACCORDING TO THE TERMS GRANTED BY DRIFTWOOD DAIRY AND I/WE FULLY UNDERSTANDS ALL THAT WAS PREVIOUSLY STATED IN THIS APPLICATION.**  
DATE \_\_\_\_\_

CORPORATION NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Regional Sales Manager \_\_\_\_\_ Telephone \_\_\_\_\_