

Bitterman Family Confections, L.L.C.

CREDIT APPLICATION (PLEASE TYPE OR PRINT)

() New Account

() Up-dated Information

Date _____

APPLICANT: _____ SSN: _____

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ RESALE No. (Attach Certificate) _____

() CORPORATION () SOLE PROPRIETORSHIP () PARTNERSHIP () OTHER _____

FOUNDED ____/____/____ FIN _____ ANNUAL SALES \$ _____

BUSINESS PREMISES

() OWNED Value \$ _____ Mortgage \$ _____

() Rented Lessor: _____

() Financial Statement attached or () will be mailed ____/____/____

Name of Principal	Name of Principal	Name of Principal
Residence Address	Residence Address	Residence Address
City	City	City
State & Zip	State & Zip	State & Zip
Title & S/S No.	Title & S/S No.	Title & S/S No.

REFERENCES:

1) VENDOR: _____ PHONE: () _____

2) VENDOR: _____ PHONE: () _____

BANK: _____ PHONE: () _____

BANK CONTACT: _____ ACCOUNT NUMBER: _____

IN CONSIDERATION FOR THE EXTENSION OF CREDIT, APPLICANT(S) AGREE(S) TO PAY INVOICES WITHIN TERMS. INVOICES NOT TIMELY PAID WILL BE SUBJECT TO SERVICE CHARGES OF 1 1/2 PERCENT PER MONTH. SHOULD ACCOUNT BE REFERRED TO THIRD PARTIES FOR COLLECTION, APPLICANT(S) AGREE(S) TO PAY ALL COSTS OF COLLECTING, INCLUDING ATTORNEY FEES OF NO LESS THAN 25 PERCENT.

A SIGNATURE ON THIS DOCUMENT PROVIDES PERMISSION TO PULL A CREDIT BUREAU REPORT ON ANY INDIVIDUALS WHO MAY BE LIABLE UNDER THIS AGREEMENT SUCH AS A PERSONAL GUARANTOR, PROPRIETOR AND GENERAL PARTNER OR SIMILAR.

ANY CLAIMS OF ERRORS OR DISCREPANCIES IN THE BILLINGS MUST BE SUBMITTED TO OUR OFFICE IN WRITING WITHIN 15 DAYS OF RECEIVING A BILL. OTHERWISE, ALL SUCH OBJECTIONS ARE DEEMED WAIVED AND THE ACCOUNT WILL BECOME STATED.

THE PARTIES TO THIS DOCUMENT AGREE THAT A FACSIMILE IS AS BINDING AS THE ORIGINAL DOCUMENT.

SIGNATURE (Principal 1) SOCIAL SECURITY NUMBER DATE

SIGNATURE (Principal 2) SOCIAL SECURITY NUMBER DATE

SIGNATURE (Principal 3) SOCIAL SECURITY NUMBER DATE

Credit, if extended, depends on the degree of confidence this Credit Application affords.
(Over Please)

PERSONAL GUARANTY

In consideration for the extension of credit to above Applicant by **Bitterman Family Confections, L.L.C.** the undersigned, jointly and severally, personally and unconditionally, guaranty performance in accordance with this Credit Application. This is a continuing guaranty, subject to cancellation only by registered mail directed to **Bitterman Family Confections, L.L.C.**, P. O. Box 410227, Kansas City, MO 64141-0227. FAX: 1-866-602-2639 / info@bittermancandy.com

EXECUTED at _____, _____, on the date above stated.
City State

Guarantor (Sign and Print Name) Social Security Number

Guarantor (Sign and Print Name) Social Security Number

Guarantor (Sign and Print Name) Social Security Number
