

GENERAL ACCOUNT INFORMATION:

FOR OFFICE USE ONLY

Credit Limit

Approved

Date

Gl enoaks Food, Inc.

TRADE REFERENCES

11030 Randal I Street Sun Valley, California 91352 Phone: 818.767.7570

Fax: 818.767.0742 www.Gl enoaksFood.com

Application For Credit

Desired Credit Lim	it: \$							
				Company Name		Contact		
	e NET fourteen (14), fo ase see our Credit Ter			Address	City	State	Zip	
BUSINESS CREDIT INFORMATION				Telephone#	Credit Limit	Terms		
Business Name		Telephone #		Company Name		Contact		
Billing Address	City	State	Zip	Address	City	State	Zip	
Shipping Address	City	State	Zip	Telephone#	Credit Limit	Terms		
Is your Business Incorporated?		YES	NO					
If yes under the law of which state?				Company Name		Contact		
ii yes under the lav	w or which state:			Address	City	State	Zip	
Years Established		Type of Business		Telephone#	Credit Limit	Terms		
	BANK REFERE	NOTO		INDIV	DUALS AUTHORIZED		INIT	
	DAINN REFERE	INCES		INDIVI	DUALS AUTHORIZED	ON ACCOL	JINI	
Bank Name	Account #		*	First Name	Last Name			
Address	City	State	Zip	First Name	Last Na	ame		
Bank Officer: Contact		Telephone #		First Name	Last Name			
Bank Name		Account #		First Name	Last Na	ame		
Address	City	State	Zip	Does your compan	y use Purchase Orders?	YES	NO	
Bank Officer: Contact		Telephone #		If yes, please indica	ate: Written P.O. #	's Verb	al P.O. #'s	
COMPANY INFORMATION				SIGNATURE				
Number of Shipping Locations		Number of Stores		Name	Title			

Signature

Z:/GFI Credit Ap Revised: 08/01/02