

Credit Application

CCBG, Inc.

P.O. Box 1202

Montgomery, TX 77356

Phone: (888) 400-6940

Fax: (936) 597-8529

<http://www.chocolatechipsbygeorge.com>

Amount of credit requested \$ _____

MINIMUM FIRST ORDER: \$1500.00

Please Fax Your Completed Application to: (936) 597-8529

Or mail to: P.O. Box 1202, Montgomery, TX 77356

We welcome your interest in doing business with our company. All information submitted will be held in strictest confidence and used solely for reference purposes within our credit department.

A. INFORMATION NEEDED TO SET UP YOUR ACCOUNT:

Date: _____

Is your Organization Sales Tax Exempt? Yes or No

If yes, please attach a copy of your Sales Tax Exempt Certificate.

Is a Purchase Order Required? Yes or No

Full Legal Name/ Business Entity: _____

Doing Business As: _____

Telephone Number: _____ Fax Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Person to Contact Regarding the Account: _____

Type of Business: _____

Principal(s)/Authorized Officer(s): _____

B. BANK INFORMATION:

Name of Bank: _____ Contact: _____

Checking Account Number: _____

Bank Address: _____ City: _____ State: ____ Zip: _____

Telephone Number: _____ Fax Number: _____

C. REFERENCES: (Do not list credit or C.O.D. suppliers)

Company: _____ Person to Contact: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Telephone Number: _____ Fax Number: _____

Company: _____ Person to Contact: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Telephone Number: _____ Fax Number: _____

Company: _____ Person to Contact: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Telephone Number: _____ Fax Number: _____

D. BUSINESS DECLARATIONS

Has this business, its officers, partners, or owners ever been delinquent in payment of any financial obligation?

Yes or No

If yes, please explain.

I authorize Chocolate Chips by George, P.O. Box 1202, Montgomery, TX 77356 to receive full information as requested relating to our bank and credit experiences.

Authorized Name: (please print clearly) _____

Authorized Name: (please sign) _____

Company Name: _____

NONPAYMENT

Please understand that all purchases will require authorization. If your account balance is delinquent or in default, we may not authorize a purchase and we, at our discretion, may cancel your account.

TERMS

Terms are net 30 days from date of shipment. Shipping Company used is UPS unless requested otherwise.

RETURNED CHECK CHARGE

We will charge you a returned check charge of \$20.00 for each check that is returned unpaid.

ACCEPTANCE OF AGREEMENT/PROMISE TO PAY

The use of your account by you or anyone whom you authorize or permit to use your account means you accept this agreement. You agree to pay in U.S. dollars for all purchases, including applicable finance charges, other late fees or charges, incurred by you or anyone you authorize, or permit to use your account. All checks must be drawn on funds on deposit in the U.S.