

## CALVADA FOOD SALES

Distributors of Quality Meat & Deli Products Since 1968 P.O. Box 13159

Sacramento, CA 95813

## **Application for Credit**

Company Name		e				
ndicate One ( )Partnership ( )Sole C	Owner ( )Non-Profit	( )Corp. State of	Articles	of Inc. No		
Mailing Address		City,	State, Zip			
Shipping Address		City,	State, Zip			
	#E-Mail Address					
-none #, a.						
How long at Current Address?		7		_ Lease		
_andlord Name & Address						
Equipment Owned	<u> </u>	Leased				
Previous Address				1		
How Long		Own	)	_Lease		
Landlord Name & Address						
Type of Business						
Business Net Worth	How Long in Business					
Has business ever filed bankruptcy?	If yes, what chapter?_	Date	State	eCounty		
Bank References  Bank				<i></i>		
Location	Type of Acct		Phone #			
Bank						
Location	Type of Acct		Phone #	<u></u>		
Trade References Name		Phone				
Address						
Name	_Phone					
Address		Contact				
	Phone					
Name		P11011e				

**CALIFORNIA OFFICE** 450 RICHARDS BLVD.

SACRAMENTO, CA 95814 PHONE (916) 441-6290 FAX (916) 446-6619



Principals of Comp		Positio	n	SS#				
Name		City		State	Zip			
		DL#		DOB				
Previous Address								
Personal Net Worth		Ever file	Ever filed bankruptcy?					
f so when & what chapt	<sup>t</sup> er							
By the signature of the	applicant (officer	r, principal, owner or partner) yo	ou hereby autho	rize Calvada Sa	les Co. to run a			
ull investigation of you	ur credit history ir	ncluding, but not limited to, obta	aining a consun	ner credit repor	t.			
X								
Signature				Date				
ngnataro								
		Posit	tion	SS#				
Name					Zip			
Home Address		City_ DL#_						
Previous Address		Ever	filed bankruptcv?	?				
lf so, when & what chap	iter	r, principal, owner or partner) y		. 0 . 1 1 . 0	alaa Ca Aa wun a			
<b>X</b> Signature	· · · · · · · · · · · · · · · · · · ·			Date				
l,		rships require information on each partner) residing at						
I,		residing at						
		g credit at my request to						
		of which I am						
in the County of Sacrar on demand any sum w	mento, State of Cal hich may become	I hereby personally of lifornia, of any obligation of the Coduction of the Coduction of the Coduction when continuing and irrevocable guaral fault, nonpayment and notice the	guarantee to you ompany and I he ever the Compai otee and indemn	the payment at reby agree to bin ny shall fail to pa ity for such indel	Calvada Food Sale of myself to pay you y the same. It is becomes of the			
the credit agreement h	ereby guaranteed.							
X		X						
Signature		Signature						
For Office Use Only	Terms	Days Net	Credit Li	imit				
Approved	Ву	Date	Salesma	an				

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