



GOLDEN GATE MEAT COMPANY, INC.

CREDIT AGREEMENT

Applicant:	
Name of Business _____	Type of Organization <input type="checkbox"/> <input type="checkbox"/> Year Established _____
Billing Address _____	Delivery Address (if different) _____
City <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> Zip _____	City <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> Zip _____
Business Telephone Number _____	Fax Number _____

Ownership:	
Name <input type="checkbox"/> <input type="checkbox"/> Title _____	Name <input type="checkbox"/> <input type="checkbox"/> Title _____
Address _____	Address _____
City <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> Zip _____	City <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> Zip _____
Telephone Number _____	Telephone Number _____

Financial Information:	
Bank Name _____	Telephone Number <input type="checkbox"/> <input type="checkbox"/> Contact Name _____
Address _____	Checking Account Number _____
City <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> <input type="checkbox"/> Zip _____	Savings Account Number _____

References:		
1) _____	2) _____	3) _____
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> Zip _____	City <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> Zip _____	City <input type="checkbox"/> <input type="checkbox"/> State <input type="checkbox"/> Zip _____
Telephone Number _____	Telephone Number _____	Telephone Number _____

I/We agree to be bound by the terms and conditions of sale as agreed upon with the Golden Gate Meat Company, Inc. I/We personally guarantee payment for all goods purchased by the above applicant even should the applicant be a corporation, and agree to advise you of any significant change in our financial position. I/We understand that a service charge of 2% per month (24% per annum) will be charged on all past due balances. In the event of legal action, to collect payment for goods purchased under this agreement, I/We agree to pay all reasonable attorney's fees, court costs, and other costs of collection.

AGREED TO BY
 PRINCIPAL _____
 PRINT NAME _____
 DATE _____

AGREED TO BY
 PRINCIPAL _____
 PRINT NAME _____
 DATE _____