



770 Sandoval Way Hayward, CA 94544 • Office: 510.477.8911 Fax: 510.477.8896
Remittance: 4061 E. Castro Valley Blvd #500 • Castro Valley, CA 94552

Credit Application

(To facilitate prompt action on your application, please fill out completely)

Company Name _____

DBA _____

Physical Address _____

City _____ State _____ Zip _____

Mailing/Billing Address _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

Email _____

Description of Business _____

Dunn Brad Street# _____ Years in Business _____

Credit Level Requested: \$ _____ Net Terms _____

Credit References: Please provide name, address, and phone/fax number- **Open Accounts Only**

1. Name _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

2. Name _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

3. Name _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Name (Print) _____ Signature _____ Date _____

The above information is for the purpose of obtaining credit and is warranted to be true I/WE hereby authorize Kalamata Food Purveyors Inc and/or any of its divisions to investigate the references listed pertaining to my/our credit and financial responsibility. I/WE hereby authorize the references listed above to disclose any information pertaining to my/our credit and financial responsibility. Kalamata Food Purveyors Inc credit terms are subject to final approval. Once those terms have been agreed to I/WE agree to issue payment on or before the Due Date. Kalamata Food Purveyors Inc retains the right to refuse service to any and all legal entities/individuals.