



CREDIT APPLICATION

Send to: Confectionery Arts International, LLC
Attn: Credit Department
332 Washington St
New Britain, CT 06051

Return fax: 860-826-7100
Phone: 860-826-7199

Sales Person _____

Name of Business: _____ **Phone:** _____

Mailing Address: _____ **Fax:** _____

Corporation **Partnership** **Proprietorship** **Other** _____

Year Established _____ **State of Incorporation** _____

Principal Owners or Stockholders (Name and Address):

Bank Name _____ **Acct #** _____ **Phone:** _____

Mailing Address: _____ **Fax:** _____

Trade Supplier Information

	Name	City, State	Phone	Fax (Reqd)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Estimated monthly credit requirements: \$ _____ **Comments:** _____

Applicant : A copy of your latest Balance Sheet and Income Statement will greatly help us in considering the requested credit limit.

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with negotiated terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor and that the above information will be held in strict confidence and used solely for credit purposes.

Date : _____ **Authorized Signature:** _____

E-mail: _____ **Title:** _____