

The De Baca Corporation



Fax: (415) 431-0803

Application for Credit

Name of Company: _____ Established: ____/____/____

Street Address: _____ Billing Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

Nature of business: _____

Individual owner

Name of owner: _____ Address: _____

Telephone: (____) _____ City: _____ State: _____ Zip: _____

Partnership

Name of Partner: _____ Address: _____

Telephone: (____) _____ City: _____ State: _____ Zip: _____

Name of Partner: _____ Address: _____

Telephone: (____) _____ City: _____ State: _____ Zip: _____

Name of Partner: _____ Address: _____

Telephone: (____) _____ City: _____ State: _____ Zip: _____

Corporation

Corporate Headquarters: _____ Address: _____

Telephone: (____) _____ City: _____ State: _____ Zip: _____

President: _____ Vice-president: _____

Secretary: _____ Treasurer: _____

Banking Information

Name of Bank: _____ Branch: _____

Telephone: (_____) _____ City: _____ State: ___ Zip: _____

Account # _____

Business References*

Company: _____ Account # _____

Address: _____ City: _____ State: ___ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Company: _____ Account # _____

Address: _____

City: _____ State: ___ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Company: _____ Account # _____

Address: _____

City: _____ State: ___ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Company: _____ Account # _____

Address: _____

City: _____ State: ___ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

**Please do not submit Credit Card accounts, Oil Companies, or Department Stores as references. List creditors with whom you do business on a regular basis.*

By: _____ Title: _____

(Authorized Signature)

Name: _____ Date _____

(Please Print)

The De Baca Corporation



Fax: 415 431-5365

E-mail: terry@cliffsvariety.com

CREDIT INQUIRY

To whom it may concern:

We are conducting a credit check on: _____.
They have given us your bank as a credit reference. We would appreciate it if you would fill in the information requested below so that we process your customer's application.

1. Does _____ have a current account you're your bank?
Account # _____
2. This is a checking account [] savings account [].
3. Date the account was opened: ____/____/____.

Thank you for your cooperation,

Martha J. Asten,
Secretary / Treasurer

Customer's signature to release information: _____

Name of financial institution: _____