



Downtown I Financial District
 667 Mission Street
 San Francisco, CA
 Phone (415) 543-7687
 Fax (415) 543-3882

APPLICATION FOR OPEN LINE OF CREDIT (FOR CATERING ORDERS ONLY)

BUSINESS INFORMATION	COMPANY NAME _____		
	STREET ADDRESS _____		PHONE () _____
	CITY _____	STATE _____	ZIP CODE _____

BUSINESS INFORMATION	FULL NAME OF OWNER OR OWNERS (OR AUTHORIZED OFFICERS OF CORPORATION). PLEASE LIST HOME ADDRESS AND HOME PHONE NUMBER FOR PROPRIETORSHIP OR PARTNERSHIP.				
	NAME _____	TITLE _____	STREET ADDRESS _____	CITY, STATE & ZIP _____	PHONE () _____
	NAME _____	TITLE _____	STREET ADDRESS _____	CITY, STATE & ZIP _____	PHONE () _____
	NAME _____	TITLE _____	STREET ADDRESS _____	CITY, STATE & ZIP _____	PHONE () _____
	PLEASE CHECK ONE	INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	FED. I.D. NO. _____
	TYPE OF BUSINESS _____			MONTH/YEAR ESTABLISHED _____	
	AMOUNT OF REQUESTED LINE OF CREDIT (\$600 maximum. Additional credit available with special arrangements.) \$ _____				
	NAME OF BILLING CONTACT _____				PHONE () _____
ADDRESS _____					

SOUP FREAKS CREDIT APP TEST CHARGE

Soup Freaks is authorized to do a test charge of \$5.00 upon receiving this credit application. This \$5.00 charge will be applied as a credit to the first order invoiced on this account.

CREDIT CARD	NAME ON CREDIT CARD _____		TYPE OF CREDIT CARD _____	
	CREDIT CARD NUMBER _____			EXPIRATION DATE _____

AUTHORIZATION	PURCHASE ORDERS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU HONOR WORK PRODUCED ON ORDER OF <u>ANY</u> OF YOUR EMPLOYEES: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF LIMITED AUTHORIZATION, LIST NAME/S AUTHORIZED TO PURCHASE: _____			
	PERSON TO CONTACT REGARDING PURCHASES: _____			PHONE () _____
	PERSON TO CONTACT REGARDING PAYMENT _____			PHONE () _____
	DESIGNATED BILLING ADDRESS: _____			

SOUP FREAKS TERMS OF SALE - NET 10

All orders are invoiced upon delivery. A copy of the invoice will be mailed. The invoiced amount is due and payable with company check or cash within ten (10) days of invoice date. Invoices paid with credit card are subject to 3% credit card surcharge. Any portion unpaid on the eleventh (11th) day is considered delinquent and all future orders may be subject to C.O.D. All delinquent accounts may be subject to a service charge and/or 10% interest rate as allowed by California state law.

In consideration of Soup Freaks, Inc. extending credit, our company assumes full responsibility for charges incurred as a result of this application. We hereby authorize the above-named credit card be charged for all outstanding invoices, in the event Soup Freaks, Inc. is unable to collect amounts owed within 30 days of invoicing. In the event that Soup Freaks, Inc. agrees to provide applicant with goods on open account and thereby extend credit for and in consideration of such agreement, to deliver goods without first requiring payment, we agree to pay any attorney fees and costs incurred by Soup Freaks, Inc. for collection of any amount not paid by applicant including but not not limited to any court costs and attorney fees incurred in any appeal. Buyer acknowledges substantial contact with Soup Freaks at 200 Pine Street in San Francisco and agrees to accept venue in San Francisco County, California should any litigation on this contract become necessary.

BY _____ TITLE _____ DATE _____

CREDIT DEPARTMENT USE ONLY

A. _____ D. _____ LOC. _____ CUST. NO. _____