



www.bellafaccia.net

Net 30 Credit Application

Application Date: _____

Company Name _____ Phone: _____

Billing Address: _____ Fax: _____

Shipping Address: _____

Check one: Corporation Partnership Sole Proprietorship Government
 Other _____

Tax Exempt? Yes No (If yes, please include exemption letter)

Type of business: _____

Years In Operation: _____

How long at current address? _____

Name(s) and Title(s) of principal officer(s)/owner(s): _____

Bank References:

Name of Bank: _____

Contact: _____ Phone: _____

Address: _____

Trade References:

Company Name _____ Contact: _____

Address: _____ Phone: _____

Company Name _____ Contact: _____

Address: _____ Phone: _____

Company Name _____ Contact: _____

Address: _____ Phone: _____

Company Name _____ Contact: _____

Address: _____ Phone: _____

Credit Card No.: _____ Expiration Date: _____

Card Type: _____ CCV#: _____

I/We understand that, should credit be approved, terms are Net 30 days from date of invoice. Invoices not paid within these 30 days are subject to an 18% finance charge. In the event that the account is not settled within these 30 days, I/we authorize Bella Faccia Inc. to charge my/our total due and 5% finance charge to my/our credit card after prior notification. Bella Faccia Inc. will not process any Credit Application without complete credit card information.

I have read, understand, and accept the above terms, and the information provided is accurate to the best of my knowledge.

(Applicant) (Title) (Date) (Signature)