

# NASSAU CANDY

Specialty Confections  
& Fine Foods

530 W. John Street  
Hicksville, NY 11801  
Tel:(516) 433-7100  
Fax:(516) 433-9010

Sales Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Terms Requested: ( ) COD-CHECK ( ) OPEN ACCOUNT

Please print the following information to assist us in establishing credit for your account. Please complete and fax back to (516) 433-9010.

CORPORATION NAME: \_\_\_\_\_

TRADING NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CORPORATION OFFICERS and/or PROPRIETOR: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Other contact # \_\_\_\_\_

STATE TAX / RESALE # \_\_\_\_\_ LANDLORD NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

## BUSINESS BANK REFERENCE

BANK NAME: \_\_\_\_\_ ACCT NO: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## TRADE REFERENCES (CREDIT)

1) NAME \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX : \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

2) NAME \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX : \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

3) NAME \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX : \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

We hereby request an open account with Nassau Candy Distributors, Inc. and affirm that the above information is true. The individual signing this application certifies that they are an owner or officer of the company and personally guarantees the continuing obligations of the company and the prompt payment of all obligations due within the terms established at the time of sale. A 1 ½% (18% per annum) interest charge will be incurred on all past due invoices and in the event that suit is required, purchaser agrees to pay all legal and collection costs. A facsimile of this document is to have the same force and effect as the original. I authorize Nassau Candy to verify my credit history.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_