

# KEREKES

BAKERY & RESTAURANT EQUIPMENT  
6103-15<sup>TH</sup> AVE  
BROOKLYN, NY 11219

**www.bakedeco.com**

TEL. 718-232-7044 FAX. 718-232-4416

## Credit Application

Date \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Number Street City State Zip Code

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Year Established \_\_\_\_\_ Volume Last Year \_\_\_\_\_

Name of Principals \_\_\_\_\_

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

Please list below at least four suppliers that you have had an active account in the last twelve months.

Supplier \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Supplier \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Supplier \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Name of your bank \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Contact name \_\_\_\_\_

If this account is approved, we agree to pay for all the merchandise within terms. We understand that the principles individually and jointly guarantee the account, and agree to pay interest and legal fees, permitted by law, if account is put out for collection. We understand that above references will be reviewed and grant permission to above named to supply credit information to Kerekes Bakery & Restaurant Co.

Date \_\_\_\_\_

Signature and Title \_\_\_\_\_