

Dolcezza Gelato Credit Application



Company Name:	Type of Business:	
Date business established:		
Shipping address:	Accounts payable contact:	
Phone:	Fax number:	
Billing address:	e-mail:	
Website:		
Business phone:	Fed Tax ID #	
Owner:	Officer:	
Credit Card Info: Type	No	EXP

Please provide three Trade references::

Company Name:	Phone/Fax:	Contact:
Bank Name:		

I hereby authorize Dolcezza Gelato Pints LLC to obtain credit information from the above bank and business references. Information obtained will remain strictly confidential. The first two deliveries will be charged to the credit card on file, after that the terms will be **Net 15**. Checks payable to Dolcezza Gelato Pints LLC.

Print name and title: _____ Date: _____