

# Credit Application for Ultimate Cookie

Please return to: Ultimate Cookie      Date: \_\_\_\_\_  
1640 Folsom St.  
San Francisco, CA 94103  
**FAX: 415-626-0989**

Company Name \_\_\_\_\_

Ownership: Corporation \_\_\_ Partnership \_\_\_ Proprietorship \_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years at present location \_\_\_\_\_ Year Business Established \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

**REFERENCES: *\*\*Please include fax #'s. We cannot process w/o them.\*\****

**1)Name** \_\_\_\_\_ Yrs doing business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ **FAX** \_\_\_\_\_

**2)Name** \_\_\_\_\_ Yrs doing business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ **FAX** \_\_\_\_\_

**3)Name** \_\_\_\_\_ Yrs doing business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ **FAX** \_\_\_\_\_

**4)Name** \_\_\_\_\_ Yrs doing business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ **FAX** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_