

Sunset Spices and Specialties
Credit Application for Business Account

This form must be filled out entirely

Date: _____

Business Information

Date Company Commenced: _____

Business Name: _____

DBA (If Applicable) _____

Check One:

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

☐ Other _____

Shipping Address: _____ Years at This Address _____

City: _____ State: _____ Zip: _____

Federal ID # _____ State Issued: _____

Contact Information

Contact Name: _____ Title: _____

Business Phone: (____) _____ Cell Phone: (____) _____

Driver's License Number: _____ State Issued: _____

Credit Information

Bank Name: _____ Phone Number: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Type of Acct: ☐ Checking ☐ Savings ☐ Other

Business/Trade References (3)

Company Name _____ Contact Name _____

Phone Number: (____) _____ Email: _____

Company Name _____ Contact Name _____

Phone Number: (____) _____ Email: _____

Company Name _____ Contact Name _____

Phone Number: (____) _____ Email: _____

Agreement

- Submit all orders by 7pm.
- All invoices are to be paid 14 days from the date of the invoice.
- No returns on opened or frozen products.
- All other returns must be submitted within seven days from invoice date.
- By submitting this application, you authorize Sunset Spices and Specialties Inc. to make inquiries with banking and business/trade references that you have supplied.

Signature _____ Date _____

Printed Name: _____ Title: _____