



遠鋒食品公司

Yun Fong Wholesale Corporation
5920 LAKESHORE DR
CYPRESS, CA 90630
TEL:714-622-4773 FAX:714-369-2470

APPLICATION FOR CREDIT

AND GUARANTEE OF PAYMENT

Email: YF@YUNFONGWHOLESALE.COM

If credit is extended, Applicant and Guarantor agrees that submitting an electronic, photocopy or facsimile copy of a signed authorization shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes.

Form with sections: BILL TO, SHIP TO, E-MAIL ADDRESS, CONTACT INFORMATION, OWNER, OWNER (ADDITIONAL), TRADE REFERENCES, SALES PERSON.

By signing below, Applicant agrees to notify Fancy Foods Inc. in writing of any CHANGES in ownership, else liability will continue to accrue for transactions made under the Applicant's account.

by X \_\_\_\_\_ officer

PERSONAL GUARANTEE

For value received and in order to induce FANCY FOODS INC., to extend credit to the above named account, I the undersigned, hereby personally guarantee prompt payment when due of any and all debts to FANCY FOODS INC., arising out of sales or advances by FANCY FOODS INC., to the above named account, including late interest, Attorney's fees and disbursements.

X \_\_\_\_\_
SIGNATURE PRINT NAME SOCIAL SECURITY NO. DATE

# **BANK TRADE / TRADE RELEASE AUTHORIZATION**

Please provide **YUN FONG WHOLESALE .,** with information regarding my credit history with your firm.

I, hereby, authorize the release of this information for credit determination purposes.

## **CORPORATE NAME OF APPLICANT AND TRADE NAME (S).**

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**Authorized Signature**

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**Title**

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**Date**

## **BANK INFORMATION**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City & State** \_\_\_\_\_

**Account No.** \_\_\_\_\_ **Date Opened** \_\_\_\_\_

**Tel No. (    )** \_\_\_\_\_ **EXT.** \_\_\_\_\_

**Person To Contact** \_\_\_\_\_