	GOLDEN GATE MEAT COM	MPANY, INC					
	803 WRIGHT AVE.	ACCOUNTING@GGM					
	RICHMOND, CA 94804	PHON	E 510-426-427 4				
	CREI	DIT APPLICATION					
		CESSED UNLESS COMPLETED IN FULL AND SIGNED					
LEGAL NAME:		DATE OF APPLICATION					
		FEDERAL TAX ID					
		TYPE OF BUSINESS DATE ESTABLISHED					
BILL TO ADDRE	SS	SHIP TO ADDRESS	SHIP TO ADDRESS				
PHONE							
Terms are gran	nted at 7 and 15 day terms only:	Online Payment Portal:					
renns are grai	ice at 7 and 15 day terms only.	www.cutanddry.com/supplier-partner	/ggmc				
Your request :_							
Credit Line req	uested \$:						
		ON? If so, please check appropriate type: ARTNERSHIPCORPORATION (Type	`				
-		CERS NAMES: (please include separate sheet if more than two					
			o namesy				
1)							
NAME		HOME ADDRESS (Street, City, Zip)					
EMAIL ADDRESS		HOME/CELL PHONE #	SOCIAL SECURITY #				
2)							
2) NAME		HOME ADDRESS (Street, City, Zip)					
EMAIL ADDRESS		HOME/CELL PHONE #	SOCIAL SECURITY #				
ACCOUNTS PA	YABLE CONTACT:	CHEF/PURCHASING AGENT CONTACT:					
NAME	PHONE	NAME	PHONE				
EMAIL		EMAIL					
TRADE CREDIT	REFERENCES:						
1) COMPANY NAME ,							
		PHONE / EMAIL					
COMPANY NAME	/ CONTACT	PHONE / EMAIL					
3) COMPANY NAME ,	/ CONTACT	PHONE / EMAIL					
		PAGE 1 OF 2					

BANK REFERENCE:						
NAME	ADDRESS			BRANCI	н	
BANK CONTACT/PHONE	CONTACT/PHONE CHECKING		NG ACCT#	S ACCT# SAVINGS ACCT#		
REAL ESTATE OWNED:	LEASED:	LANDLC	ORD CONTACT:			
MORTGAGE BALANCE:	ASSESSED VALUE:		MONTHLY REAL ES	STATE OR LEASE PAYM	ENT:	
Is there a pending litigati	on against you or your	business?	YES	NO		
If "YES": Plaintiff:			Amount of Contr	roversy:		
Has the firm or any of its	principals ever been B	ankrupt?	YES	NO		
If "YES": Date of Bankruptcy:		Where filed, Cou	nty/State:		Case #	
	AGREEM	ENT / APPLIC	ANT(S) SIGNATL	JRE		
any form is required, Customer connection with any such colle Applicant's signature attests fi Undersigned represents th	bed below. Customer agree ast due invoice. Payments an ollection action. The payme ct to collection and/or legal ndersigned hereby personal r and/or any Guarantor of C action action. nancial responsibility, ability	es to pay 2% per e re to be made or nt or accrual of i l action if any su lly guarantees pa Customer noted b y, and willingnes	month or 24% per a in the due date, in ac interest does not ex im is not paid on or ayment of all presen pelow shall be requ	Innum or the maxin accordance with the itend credit terms of before the subject of nt and future debts ired to pay GGMC's e in accordance to t ement on behalf	num rate allowable by law, on terms of sale, failing which or defer payment of any past due date thereof. owing to GGMC. If collection in a attorney fees and costs in he terms set forth.	
Name of Business				Date		
Print Name		Title		Signature of Pi	rincipal/Guarantor(s)	
Print Name		Title		Signature of Pr	rincipal/Guarantor(s)	
Upon Credit approval b	y Golden Gate Meat Compa	any, you are here	by notified, your te	erms for payment o	f invoices, is set forth as:	
COD7 days15 days	sonline payment	NOTES			_Date Grated	
Authorized by GGMC representati	ve	Acknowledg	ed by Applicant			
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