



# Jelly Belly Candy Company New Account Credit Application

Please type application and fax back **completed** & signed application, resale document and order to (707)-399-2914 or email [Newaccounts@jellybelly.com](mailto:Newaccounts@jellybelly.com) to expedite your new account. **\*New account policy - Credit card on first order to expedite order, Minimum annual sales to establish credit terms is \$10,000.**

Business Name

Bill To Name, if different

[Empty input fields for Business Name and Bill To Name]

Billing Address, including store #s and suite #s

City

State

Zip

[Empty input fields for Billing Address, City, State, Zip]

Accounts Payable Contact Name

Phone #

FAX #

Email Address

[Empty input fields for Accounts Payable Contact Name, Phone #, FAX #, Email Address]

Buyer Contact Name

Phone #

FAX #

Email Address

[Empty input fields for Buyer Contact Name, Phone #, FAX #, Email Address]

Owner Contact Info, if applicable

Phone #

Cell Phone #

Email Address

[Empty input fields for Owner Contact Info, Phone #, Cell Phone #, Email Address]

Type of Business (Gift shop, Candy store, Grocery, etc...)

Owner Since (Date)

Store Front

Online Retailer

Sold through any Online Retailer

[Empty input fields for Type of Business, Owner Since, Store Front, Online Retailer, Sold through any Online Retailer]

Yes  No

Yes  No

Yes  No

Paperless Billing

Email Address

Projected Annual Sales

Yes  No

[Empty input field for Email Address]

Ship To Address/ Locations- plus store #s and suite #s and add any additional ship to's on separate page

Name

Address

City, State, Zip

Phone #

[Empty input fields for Name, Address, City, State, Zip, Phone #]

[Empty input fields for Name, Address, City, State, Zip, Phone #]

[Empty input fields for Name, Address, City, State, Zip, Phone #]

### Credit Card

Cardholder Name

Contact Phone #

**\*In order to safeguard your credit card information, a Jelly Belly Candy Company Representative will contact you to obtain your credit card number and expiration date.**

[Empty input fields for Cardholder Name, Contact Phone #]

Federal Tax ID #

Dunn & Bradstreet #

[Empty input fields for Federal Tax ID #, Dunn & Bradstreet #]

Trade References, if applying for payment terms list three (3)

Name

Address

Phone #

FAX #

[Empty input fields for Name, Address, Phone #, FAX #]

[Empty input fields for Name, Address, Phone #, FAX #]

[Empty input fields for Name, Address, Phone #, FAX #]

Emergency FDA contact number

[Empty input field for Emergency FDA contact number]

\*I hereby certify that the information in the credit application is correct. The information included on this credit application is intended for use by Jelly Belly Candy Company in determining the amount and conditions of credit to be extended. Further, I hereby authorize references listed on this credit application to release the information necessary to assist Jelly Belly Candy Company in establishing a line of credit. If (we) default on payment and it is necessary for Jelly Belly Candy Company to institute legal action, I (we) agree to pay all necessary costs and reasonable attorney fees incurred by Jelly Belly Candy Company. If credit is approved we will comply with the terms and conditions.

Printed Name

Signature

Internal Use Only

Title

Date

Search Key      Dist      C Grp      Sls Prsn      Del Terms      Brkr Acct      Terms      CL      AR Clerk      Ins