



Submitted by: _____

CREDIT APPLICATION

~Account Information~

Date: _____ ISR# _____ Account # if known _____

Account Name: _____

Contact Name: _____

* Person responsible for payment of the account: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

Phone#: _____ Fax: _____

E-mail Address: _____

Notes: _____

**Indicates required information*

~Complete below only if applying for open credit~

The undersigned, whether as an officer of the corporation or as an individual, authorizes World's Finest Chocolate, Inc. to draw a personal consumer credit report to assist us in evaluating credit worthiness

Social Security Number: _____ *Date: _____

*Signature: _____

**Indicates required information*

~Complete the information below only if payment is to be made by credit card~

*Name as it appears on credit card: _____

*Credit Card #: _____ Card Type: Visa M/C Discover

*Expiration Date: _____ *Security Code: _____

*Signature: _____

**Indicates required information*

~Privacy Policy~

We restrict access to non-public personal information about you to those employees who need to know that information.

maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information

~FOR INTERNAL USE ONLY~

ISR/ESR Name: _____ ID#: _____

Reviewed by: _____ Approval: Yes No

Authorized By: _____ Terms: CIA/COD CC

Date: _____ NT30 Dep Req

*~ Fax credit application to 504-464-5534
~ Email application to: Debbie@CCFNOLA.com*