



Jelly Belly Candy Company Credit Application

Please type application and fax back **completed** & signed application, resale document and order to (707)-399-2914 or email Newaccounts@jellybelly.com or mail to: Jelly Belly Candy Co., AR Dept., One Jelly Belly Lane, Fairfield, CA. 94533 to expedite your new account.

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]

24-Hour Emergency Contact **required info*

24-Hour Emergency Phone # **required info*

24-Hour Emergency Email Address **required info*

[Empty input fields for 24-Hour Emergency Contact, Phone #, Email Address]

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

Owner Since (Date)

Sales Rep.

Broker

[Empty input fields for Type of Business, Owner Since, Sales Rep., Broker]

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 Ship To Address/ Locations table]

Payment Method:
please check one

Credit Card
(Only 1st Order)

Bill
Me

Credit
Card

Check
Enclosed

Paperless Billing Options:
please check one

Email
Invoices

EDI

If Paying by Credit Card

Cardholder Name

Contact Phone #

[Empty input fields for 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.**

Federal Tax ID #

[Empty input field for Federal Tax ID #]

Dunn & Bradstreet #

[Empty input field for Dunn & Bradstreet #]

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

Name

Address

Phone #

FAX #

[Empty input fields for Trade References table]

Bank Reference

Name

Address

Account #

[Empty input fields for Bank Reference]

List any special shipping instructions _____

*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, If 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

Title

Date

Internal Use Only

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