

Wholesale Account & Credit Verification Application

Please email completed form to info@saenafoods.com Subject: Customer Account Request

Information given by the undersigned will be held in strict confidence and will be used solely by Saena LLC for the purpose of setting up wholesale account with Saena LLC.

Customer Information

Company Name	Date Established	Is a Financial Statement available? Yes No If yes, please attach a copy of the Financial Statement.
Other Business Names Used or Previous Business Ventures: (If Any)	Federal ID Number: (If Any)	Dunn and Bradstreet Number: (If Any)
Type of Business: (Please Circle) Wholesale Retail Distribution Manufacture	If Incorporated, Date of Incorporation: _____	
Primary Product(s) Sold:	State of Incorporation _____	
Address:	Phone #:	Fax #:
		Website: (If Any)
Billing Address: (If Different)	Organized as: (Please Check Circle) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Nonprofit	
	Name of Parent Company: (If Any)	
Name of A/P Contact:	If Parent Company Exists, Does Parent Guarantee This Company's Debt? (Circle)	
A/P Phone #:	Yes No	
A/P Fax#:		
Email: (If Any)	If Yes, Please attach a copy of Parent Guarantee.	

PRINCIPAL OWNERS, OFFICERS AND PARTNERS: (Please attach separate sheet with additional information, if necessary)

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Bank Reference

Bank Name:	Bank Account Number
Bank Contact Person:	Bank Address
Phone #:	
Fax #:	

Trade References

(1.) Name	(3.) Name
Address	Address
Phone #	Phone #
Fax #	Fax #
(2.) Name	(4.) Name
Address	Address
Phone #	Phone #
Fax #	Fax #

Applicant certifies that all information contained herein is true and correct. Applicant grants permission to Saena LLC. to obtain credit reports and other information from its references and bank, and **authorizes the credit references and bank reference to release information to Saena LLC.** that may be used to determine credit worthiness. Applicant agrees to pay all bills as rendered.

Company: _____ Title: _____

Signature: _____ Dated: _____ Print Name: _____

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS; AGE; (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY; WASHINGTON, D.C. 20580.

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Authorization for Bank Release of Information

Customer Information

Company Name:

Address:

Phone #:

Fax #:

Other Names Used (If Any):

Bank Name: _____

Bank Account Number: _____

Bank Name: _____

Bank Account Number: _____

In order to establish credit with Saena LLC, Portland, Oregon, I/we hereby authorize the release of any pertinent information that is requested about my/our account.

Please Print Name: _____

Title: _____

Signature: _____

Date: _____