



MANUFACTURER & DISTRIBUTOR
 Middle Eastern & Afghan
 Specialty Foods & Sweets

ARIANA SWEETS, INC.
 P.O Box 802 Fremont, CA 94537
 PHONE: (510) 795-9600 or 855 - MAZADAR
 FAX: (510) 742-1324
 Email: info@arianasweets.com

This form **MUST** be filled out entirely. Information provided is secure and will NOT be shared.

New Account Statement and Credit Application

Firm Name		Business Telephone Number	
Parent Company (if division or subsidiary)		Business Fax Number	
		Email Address	
Billing Address		Shipping Address for Orders	
City, State, Zip Code		Private or Corporation & Date of Incorporation	

PRINCIPAL PARTNERS, OWNERS OR OFFICER

Name(s) & Title(s) of Person(s) authorized to Purchase	Mobile Cell Telephone	Social Security Number
1)		- -
2)		- -
3)		- -

GENERAL INFORMATION

Business Description	Business License Number	Year Established
Resale Certificate Number	Resale Certificate Exp. Date	Federal Tax ID Number

PLEASE LIST THREE TRADE REFERENCES THAT YOU HAVE ESTABLISHED CREDIT

Company Name	City, State	# of Years	Telephone & Fax Number
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			() - () -
			() - () -

BANK REFERENCES

Bank Name	Telephone & Fax Number
Address	Account Number
City, State, Zip	Contact Name
DEBIT CARD # ON FILE (will only be used if account is overdue for 90 days)	Amex – Visa – M/C – Discover (Please circle one)
EXP Date -	CCV Code -

All the information stated on this application is correct.

ARIANA SWEETS, INC. is authorized to make any inquiries to Bank or others about these finances, credit and personal references as felt necessary and provide information to others permitting by law.

PROPRIETOR GUARANTEE – By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all off the terms of, and make all payments to ARIANA SWEETS required by, the agreement of which this Application is a part.

**** (2) Signatures Required**

Signature: _____ **Title:** _____ **Date:** _____

Witness Signature: _____ **Title:** _____ **Date:** _____

For Office Use Only			Customer Number -	
Credit Amount Approved	Sales person	Credit Checked by	Management Approval	Controller Approval