

***CREDIT APPLICATION***

***Account Information***

Date: ISR: **CHERYL EVANS** ISR # **3625**

Acct. Name:

\*Contact Name:

\***Person responsible for payment of the account.**

Billing/Mailing Address:

\*City: \*State: \*Zip:

\*Phone #: Fax#:

\*Email:

***Complete below only if applying for Open Credit***

The undersigned, whether as an office 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 #: Date:

Signature:

***Complete the information below only if payment is to be made by Credit Card***

Name as it appears on card:

Credit Card #:

Exp. Date: Security Code:

Signature:

***Privacy Policy***

**We restrict access to non-public personal information about you to those employees who need to know that information, and we 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: **CHERYL EVANS** ID#: **3625**

Reviewed by: Approval: Yes O No O

Authorized By: Terms: CIA/COD O CC O

Acct. #: NT30 O Dep. Req. O

***~Fax credit application to: 770-924-3782~***

***Email to:*** **cevans@allstarfundraising.com**