



**WORLD'S FINEST[®]
CHOCOLATE**

Submitted by: _____

CREDIT APPLICATION

Account Information

DATE: _____ ISR# _____ CUSTOMER ACCT # _____

Account Name: _____

Contact Name: _____

* Person responsible for payment : _____

*Address: _____

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

Phone#: _____ Fax: _____

E-mail Address: _____

**Indicates required information*

Complete Signature information below 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 Number: _____ *Date: _____

*Signature: _____

**Indicates required information*

Only complete information below IF payment is to be made by credit card

*Name as it appears on credit card: _____

*Credit Card #: _____

*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.

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

FOR INTERNAL USE ONLY

ISR Name: _____ ISR ID#: _____

Reviewed by: _____ Approval: Yes No

Authorized By: _____ Terms: CIA/COD CC

SF Case Number: _____ NET30 Dep Req

FAX Credit Application to: 773-475-0138

Email application to: creditapps@wfchocolate.com