

Danish Pastry House, LLC PO Box 903 Watertown, MA 02471

Tel: 617-926-2747 Fax: 617-231-0665

orders@danishpastryhouse.com www.danishpastryhouse.com

Wholesale Credit Application

Applicant's Name:	Job Title:	
Business Name:	Business Origination Date:	
Business Phone:	Fax:	
Address:	City, State, Zip Code:	
Social Security/Fed. ID No:	Sole Proprietor () Partnership () Corporation () Other ()	
Accounts Payable Contact:	Phone:	Fax:
Ordering Contact:	Phone:	Fax:
Email:		
Shipping Address:		
Billing Address:		
I,, hereby authorenable the Danish Pastry House, LLC to estable the Bank References		s to disclose all details necessary to
Name:	Address:	
Contact Person:	Phone:	Fax:
Checking Account Number:	Savings Account Number:	
Trade Credit References		
1) Name:	Phone:	Fax:
Address:	City, State, Zip Code:	
Account Number	Contact Person:	

2) Name:	Phone:	Fax:
Address:	City, State, Zip Code:	
Account Number:	Contact Person:	
3) Name:	Phone:	Fax:
Address:	City, State, Zip Code:	
Account Number:	Contact Person:	
Until credit is approved, all terms are COD will be used only for its intended purpose. 617-926-2747 or email ar@danishpastryho Everything stated in this application is cor	If you have any questions, please contact ouse.com.	
Signature	Date	_
Print Name	Title	_