



ABC VENTURES

2411 OLD CROW CANYON RD, SUITE 105
SAN RAMON, CA 94583
PHONE: 925-837-7400
FAX: 925-837-4999

CREDIT APPLICATION

SECTION 1 - BUSINESS NAME

Legal name: _____ Country: _____
DBA: _____ Duns no: _____
Shipping address: _____ Billing address: _____
City, state, zip: _____ City, state, zip: _____

SECTION 2 - CORPORATE FORM/OWNERSHIP

____ Partnership ____ S Corporation Year business established: _____
____ LLC ____ Corporation Current ownership since: _____
____ Other Taxpayer EIN/SSN: _____
Owner/Principal's name: _____ A/P contact name: _____
Title: _____ A/P telephone: _____
Telephone: _____ Fax: _____

SECTION 3 - BANK REFERENCE

Name of bank: _____ Contact: _____
Address: _____ Telephone: _____
City, state, zip: _____ Fax: _____
Account type: _____ Account no: _____

SECTION 4 - TRADE REFERENCES

Name: _____ Telephone: _____
Address: _____ Fax: _____
City, state, zip: _____ Account no: _____
Name: _____ Telephone: _____
Address: _____ Fax: _____
City, state, zip: _____ Account no: _____
Name: _____ Telephone: _____
Address: _____ Fax: _____
City, state, zip: _____ Account no: _____

SECTION 5 - FINANCIAL INFORMATION

Please attach a copy of your most recent financial statement. Although an audited financial statement is preferred, a signed copy is acceptable. Financial information is used only for the purpose of making a credit decision.

SECTION 6 - AUTHORIZATION

Applicant authorizes full disclosure of all credit information to ABC VENTURES, certifies that the information provided in and with this CREDIT APPLICATION is true and complete, and agrees to promptly notify ABC VENTURES of any material change in financial condition. Applicant agrees that all balances not paid when due shall bear interest at the rate of 1.50% per month (18.0% per annum) and that Applicant shall be responsible for all costs of collection, including reasonable attorneys fees. Credit is sought under Northland Cranberries, Inc. credit terms, as amended from time to time. Signer is authorized to sign on behalf of Applicant.

Signature: _____ Printed Name: _____
Date: _____ Title: _____

Please fax completed application and any supplemental information to ABC VENTURES Credit Department at (925) 837-4999