

CUST#

# APPLICATION FOR CREDIT

REQUIRED TO COMPLETE AND SIGN BEFORE CREDIT WILL BE EXTENDED



# Dole & Bailey

A CHEF'S TRADITION SINCE 1868

16 Conn St Woburn MA 01801  
781.935.1234 • 781.935.9085fx  
accountapps@doleandbailey.com

(PLEASE PRINT CLEARLY)

CORPORATE NAME \_\_\_\_\_ DBA \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER \_\_\_\_\_

### BILLING ADDRESS IF DIFFERENT FROM ABOVE

STREET ADDRESS OR PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ (office) FAX \_\_\_\_\_

TYPE OF BUSINESS: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ LLC \_\_\_\_\_

PURCHASE ORDER REQUIRED:  Yes  No SALES TAX EXEMPT:  Yes  No

PAYMENT TYPE:  TERMS (*Commiserate with credit review and paid via check*)  C.O.D.

ACH PAYMENT (*ACH banking info will be provided*)  CREDIT CARD (*Credit Card Authorization form will be provided, subject to 3% Convenience Fee*)  DIRECT WITHDRAWAL (*Occurred every Monday, D&B will withdraw payments from the bank account(s) provided for any outstanding invoices from the week prior directly.*)

### OFFICERS OF CORPORATION OR OWNER(S) OF BUSINESS

NAME \_\_\_\_\_

STREET ADDRESS OR PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS OR PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

DATES BUSINESS STARTED \_\_\_\_\_ HOW LONG AT THIS LOCATION \_\_\_\_\_

BUILDING: OWNED \_\_\_\_\_ LEASED \_\_\_\_\_

NAME OF PERSON OR CORPORATION HOLDING LEASE \_\_\_\_\_

**Management contact name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Kitchen contact name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Accounts Payable contact name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Requested 4-Hour Delivery Window:** \_\_\_\_\_

*Dole & Bailey will do its best to honor delivery requests – however alternative arrangements may need to be made based on routing, weather, traffic, etc.*

### STATEMENTS AND INVOICES:

• **EMAIL** Statements:  Yes  No

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

• **EMAIL** Invoices:  Yes  No

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Dole & Bailey Sales Representative:** \_\_\_\_\_

# TRADE REFERENCES

## FOOD / COMMERCIAL / COMMUNITY

NAME \_\_\_\_\_  
 STREET ADDRESS OR PO BOX \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_  
 STREET ADDRESS OR PO BOX \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_



## BANKING REFERENCE LETTER

Date:

<b>Bank Name</b>	
<b>Branch</b>	
<b>Contact</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	

<b>Re Company</b>	
<b>Acct Signatory</b>	
<b>Street Address</b>	
<b>City/State/Zip</b>	
<b>Bank Acct#s</b>	
<b>Loan Acct#s</b>	

Dear Sir or Madam:

You are hereby authorized and directed to release to Dole & Bailey, Inc. all banking information requested by them relating to our Accounts on this one-time basis only. We would consider it a great courtesy if you would respond promptly to their inquiries. This shall be your good and sufficient authority for doing so.

With best regards,

\_\_\_\_\_  
 Authorized Signer on Account

\_\_\_\_\_  
 Date





**Dole & Bailey**  
 A CHEF'S TRADITION SINCE 1868

**CREDIT AGREEMENT**

If credit is granted, I agree that I will immediately notify you of any changes in our business structure from that shown above. I understand that all invoices will be paid by due date or pay a finance charge as indicated either on the invoice or our statement. In consideration of benefits accruing to me I guarantee payment of all correct charges to the business and if for any reason the account is not paid when due I will, if collection is required, pay a reasonable attorney fee or if this account is placed in the hands of a collection agency, I (we) will acknowledge that you will be damaged thereby to the extent of the collection charge against you and I (we) therefore agree to pay to you, as liquidated damages, an amount equal to amount charged you on said collection by said collection agent, not exceeding, however, fifty percent of the amount unpaid thereon.

To induce you to sell merchandise and extend credit upon an open account to the applicant named above, I hereby personally and unconditionally guarantee the payment of any indebtedness which may from this date forward or at any time from time to time thereafter be owed you by the said applicant. I understand that in consideration for and reliance on this personal guarantee, you will see merchandise and extend credit upon an open account to the applicant. In return for the above stated consideration I acknowledge that this personal guarantee of credit is binding upon me as an individual and I do sign this personal guarantee of credit as an individual and not in any representative capacity.

All prior notice of default and demand for payment are hereby waived. This document constitutes the entire agreement between the undersigned and the creditor and I acknowledge that no person has made any representations of promises to me in conflict with the above provisions.

Applicant, whose signature appears hereafter, warrants that all of the above information is true and correct and that the same is given for the purpose of establishing credit and that the seller herein if granting credit relying completely on such information. I (we) understand these terms and agree to meet them if credit is extended.

Please read our Return Policy linked on our website here: <https://www.doleandbailey.com/return-policy>

----- PRINT filled-out document, sign by hand and send -----

DATE \_\_\_\_\_ \*SIGNATURE (Owner or Corporate Officer Only) \_\_\_\_\_

WITNESS \_\_\_\_\_

**NOTE: POLICY STATES CREDIT TERMS WILL NOT BE EXTENDED WITHOUT PROPER SIGNATURE ON AN UNALTERED APPLICATION.**

**OFFICIAL USE ONLY**

Sales Rep #	Approved by
Terms Code	Disapproved by
Credit Limit	Date



# Dole & Bailey

WOMEN OWNED™

A CHEF'S TRADITION SINCE 1868

## Direct ACH Debit Withdrawal Authorization Form

Customer Information: *\*must be filled out completely*

Customer Name				Tax ID	
Remittance Street Address					
Remittance City		State		Zip Code	
Contact Name			Phone #		
Email					

Banking Information: *\*must be filled out completely*

Name on Account					
Bank Name					
Bank Address					
Bank's City		State		Zip Code	
Contact Name			Phone #		
ABA Routing #		Account #			

Account Type (please check only one)

Checking  Savings

### Customer's Authorization

Please sign below to confirm you are authorizing Dole & Bailey, Inc to begin direct ACH withdrawal of funds from the account mentioned above.		
Signature		Title
Print Name		Date
Phone		

#### For Internal Use Only

Verbally Confirmed by		Date Verbally Confirmed	
Payment Routing Number Information Good for	ACH <input type="checkbox"/>		
Authorized Confirmation Contact			
Confirmation Phone Number			
Phone Number Provided by	<input type="checkbox"/> Company website or other public listing <input type="checkbox"/> Known existing contact information of the customer from Provisions or Buyer <input type="checkbox"/> Other: please describe		
Payment Instruction Confirmation	<input type="checkbox"/> New customer and/or payment instructions <input type="checkbox"/> Existing payment instructions If existing, provide name of customer number:		

EE Name/Signature of D&B Employee /Date

781.935.1234 · www.doleandbailey.com





Dole & Bailey, Inc.

# ACH Payment Information

Payee/Company Name & Mailing Address:

**Dole & Bailey, Inc.**  
**16 Conn Street**  
**Woburn, MA 01801**

Tax ID#:

**041251820**

Email:

[arinvoicing@doleandbailey.com](mailto:arinvoicing@doleandbailey.com)

Contact:

**Rick Surette**

Daytime Phone #:

**781-935-1234**

Financial Institution:

**Cambridge Savings Bank**  
**81 Wyman Street**  
**Waltham, MA 04251**

Name on Account:

**Dole & Bailey, Inc.**

Account Type:

**Checking**

Routing #:

**211371120**

*Richard Surette*

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Account #:

**11820174**

Authorized Signature  
Richard Surette





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March 1, 2024

Re: Account Confirmation Letter

To Whom It May Concern:

Please see the account information below to confirm the status of the account held here at Cambridge Savings Bank for our mutual client.

**Company Account Information:**

Account Name:	Dole And Bailey Inc
Bank Name:	Cambridge Savings Bank
Bank Address:	81 Wyman Street, Waltham, MA 02451
ABA/Routing Number:	211371120
Account Number:	11820174
Account Type:	Commercial Checking Account

Please contact Treasury Client Services at (617)441-7051 or reach us via email at [clientservice@cambridgesavings.com](mailto:clientservice@cambridgesavings.com) with any further questions.

Regards,

*Kyle B. Massak*

**Kyle B. Massak**

Client Service Specialist  
Cambridge Savings Bank  
81 Wyman Street  
Waltham, MA 02451  
t. (617) 441-7051 | f. (781)- 528-0220  
[CambridgeSavings.com](http://CambridgeSavings.com)