



# La Baguette & L'Echalote Credit Application

Tel: 604 736 5323 - Fax: (604) 736-5326 – Email: info@labaguette.ca

## Business details

Name of the company:		Business type:	
Permanent address:		Email	
City:	ZIP code:	Phone#:	Fax #:

## Credit Card Information

Card Number:	Expiry:	CVC:
Name on the Card:	Phone no:	Email:
I, _____, authorize La Baguette & l'Echalote, division of Ble Bakery Ltd, to charge my credit card. Note: All payments will be processed every 7 days and on the last day of the month		
Signature:	Date:	
Principals:	Phone no:	Account payables contact and phone no:
Note: All payments will be processed every 7 days and on the last day of the month.		

## Business References

Company Name:	Website:	
Permanent address:	Phone #:	
City/ZIP code:	Fax #:	
Account type:	Email:	

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Permanent address:	Phone #:	
City/ZIP code:	Fax #:	
Account type:	Email:	

Company Name:	Website:	
Permanent address:	Phone #:	
City/ZIP code:	Fax #:	
Account type:	Email:	

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Email form to: [info@labaguette.ca](mailto:info@labaguette.ca)