



### APPLICATION FOR CREDIT

Please answer all questions.

Date: \_\_\_\_\_ 20\_\_

Company's Name: \_\_\_\_\_ Year established: \_\_\_\_\_

Individual Owner: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Name of owner(s): \_\_\_\_\_

If Partnership, names of partners: \_\_\_\_\_

If Corporation, names of Corporate Officers: \_\_\_\_\_

PERSON(S) AUTHORIZED TO ORDER:  
Please Print

FEDERAL OR TAXPAYER I.D. # \_\_\_\_\_

PRESIDENT: \_\_\_\_\_

VICE-PRESIDENT: \_\_\_\_\_

TREASURER: \_\_\_\_\_

PERSON IN CHARGE OF ACCOUNTS PAYABLE: \_\_\_\_\_

KIND OF BUSINESS: \_\_\_\_\_

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

CITY & STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

### BUSINESS REFERENCES\*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Average number of deliveries on a weekly basis:  0 to 5  5 to 10  10 or more

Amount of credit requested: \$ \_\_\_\_\_

WHERE DO YOU BANK (NAME): \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

I personally and unconditionally guarantee payment of any and all indebtedness by the above named business.

How did you hear about us?  
\_\_\_\_\_

BY: X \_\_\_\_\_ Title: \_\_\_\_\_

Owner/Officer Signature

Please print your name: \_\_\_\_\_