



Credit Application

FOR OFFICE USE ONLY	
Reviewed by Sales Director	_____
Credit Terms & Line	_____
Credit Approved	_____
Salesperson	_____
Call Customer on	_____
First Delivery on	_____

Company Information

Name				
Shipping Address		City	State	Zip
Billing Address (if different from above)		City	State	Zip
Phone Number	Alternative Number		Fax Number	
Contact Name		Email Address		
Food Service	Food Service Unit #			

Business Credit Information

\$	<input type="checkbox"/> Food Service Terms	<input type="checkbox"/> COD	<input type="checkbox"/> Net ___ Days
Current Weekly Food Purchases	Requested Terms		
Federal Tax I.D.	Principal Business of Firm	Date Business Established	
Credit Card on File			

FOR OFFICE USE ONLY		
Delivery Instructions		
Notes		
Route	Entered	Customer Number