

Pat LaFrieda

MEAT PURVEYORS™



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CREDIT APPLICATION

CORP. NAME: _____ FID# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TRADE NAME: _____ FID# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE # _____ FAX # _____

PRINCIPAL'S INFORMATION

1) OWNERS NAME: _____

TITLE: _____ S/S # _____ - _____ - _____

ADDRESS: _____

2) OWNERS NAME: _____

TITLE: _____ S/S # _____ - _____ - _____

ADDRESS: _____

BANK REFERENCE

BANK NAME: _____

CONTACT: _____

ACCT # _____ [] CHECKING [] SAVING

PHONE: _____ FAX: _____



TRADE REFERENCE

1) NAME: _____

ADDRESS: _____

PHONE: _____ FAX _____

2) NAME: _____

ADDRESS: _____

PHONE: _____ FAX _____

3) NAME: _____

ADDRESS: _____

PHONE: _____ FAX _____

PERSONAL GUARANTEE

I HEREBY GUARANTEE FULL AND COMPLETE PAYMENT FOR ALL OPEN INVOICES. I AGREE TO PAY ALL COSTS AND EXPENSES INCLUDING ATTORNEY'S FEES, (COMPUTED AT 35%) INCURRED IN ATTEMPTING TO COLLECT THE AMOUNT DUE LaFRIEDA BY REASON OF NON-PAYMENT WHEN CLAIM IS TURNED OVER TO ATTORNEY FOR COLLECTION.

RETURNS AND DEDUCTIONS WILL NOT BE HONORED IF REPORTED MORE THAN 24 HOURS AFTER RECEIPT OF GOODS.

THE UNDERSIGNED AGREE TO THE TERMS AND RETURN POLICIES STATED ABOVE, AND GRANT PERMISSION TO ANY OF OUR REFERENCES TO PROVIDE LaFRIEDA MEAT WITH FINANCIAL INFORMATION CONCERNING OUR COMPANY.

SIGNATURE

DATE

PRINT NAME: _____



Account Name:

Billing Address: _____

Statement mailed to [] Billing Address [] Restaurant
Check one

Restaurant Address: (if different)

A/P Contact Name:

A/P Phone # _____ **X** _____

A/P Fax # _____

A/P E-Mail _____

ALL PAGES MUST BE COMPLETED IN FULL

OFFICE USE ONLY

[] NOT APPROVED [] APPROVED _____ LIMIT _____ TERMS