



Pat LaFrieda Meats

3701 Tonnelle Avenue
North Bergen, NJ, 07047

Thank you for your interest in Pat LaFrieda Meat Purveyors. This form is comprised of 3 pages of information needed to open a wholesale account with Pat LaFrieda Meats.

Page 2: Please provide as much banking information as possible, including bank representatives contact information. Before opening your account, we must obtain a bank reference.

Page 3: Please note the principal/owner listed here must sign the personal guarantee. Without a physically signed personal guarantee (electronic signatures are not accepted), we are unable to accept payment with checks or consider the account for credit terms. The account will open either credit card or cash COD.

-
- Please note all pages must be filled out completely.
 - All information asked for in this application is required.
 - Please return via Fax: 201-654-0328 OR Email: creditapp@lafrieda.com
 - Once received by our office, we will begin processing. Please allow 5-7 business days.
 - Credit Applications are subject to approval and acceptance by Pat LaFrieda Meat Purveyors in its absolute discretion.
 - On approval we will send you a Credit Application Approval Letter confirming your approved trading terms.
 - Per company policy all accounts start as COD.

If you have any questions or concerns, please reach out to our office for assistance.

- Email: creditapp@lafrieda.com
- Or call our office: 201-537-8200





LaFrieda Sales Rep:

Business Name (DBA):

FID#:

Address:

City:

State:

Zip Code:

Corporate Name:

FID#:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Email:

Associated or affiliated owned/parent accounts:

How did you hear about us?

Estimated weekly spend with Pat LaFrieda:

Trade References

Name:

Email:

Telephone:

Fax:

Name:

Email:

Telephone:

Fax:

Accounts Payable

Billing Address:

A/P Contact:

Email:

Telephone:

Fax:

Statement mailed to:

Billing Address Restaurant



Pat LaFrieda

MEAT PURVEYORS



Bank Reference

Bank Name:

Bank Account #:

Banking Rep:

Email:

Telephone:

Fax:

Balance:

Loans Outstanding:

Customer Authorization

The signee authorizes the release of any the following information to the above-named requester on the above listed deposit accounts, loans and/or lines and cards:

Account Number, Account Type, Account Open Date or Customer since Date, Account Holders, Average or current Balance in general figure range, amount of credit extended, current amount outstanding in general figure range, account status of Open or Closed, Closed Date and Current Interest Rate.

I hereby authorize the release of this information for credit purposes. I hereby represent that I have the authority to sign on behalf of the applicant.

Please note a physical signature is required – electronic signatures are not accepted.

Signature of Authorized Signer for Customer

Printed Name of Authorized Signer for Customer

Date + Initials

Email – please note an email confirmation will be sent to approve the release of bank information



Pat LaFrieda

MEAT PURVEYORS



Ownership + Principal's Information

Owner #1:

Ownership %:

S/S #:

Home Address:

City:

State:

Zip Code:

Telephone:

Email:

Owner #2:

Ownership %:

S/S #:

Home Address:

City:

State:

Zip Code:

Telephone:

Email:

PERSONAL GUARANTEE - REQUIRED

I hereby guarantee as the listed owner 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 Pat LaFrieda Meats. 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 Pat LaFrieda Meats with financial information concerning our company.

Please note a physical signature is required – electronic signatures are not accepted.

Signature

Print Name

Date + Initials

