

*Pat LaFrieda*

MEAT PURVEYORS™



3701 Tonnelle Avenue, North Bergen, NJ 07047

Tel: 201-537-8210 Fax: 201-654-0328

E-mail: CreditApp@lafrieda.com

**CREDIT APPLICATION**

**LAFRIEDA SALESPERSON:** \_\_\_\_\_

**BUSINESS NAME (DBA)** \_\_\_\_\_ **FID#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CORPORATE NAME** \_\_\_\_\_ **FID#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**WEB ADDRESS:** \_\_\_\_\_

**Please list any associated restaurants that currently or previously have done business with LaFrieda Meats:** \_\_\_\_\_

**Estimated Dollar Spend Per Week with LaFrieda:** \_\_\_\_\_

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**PRINCIPALS' INFORMATION- Required**

**1) OWNERS NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **S/S #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**2) OWNERS NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **S/S #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

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**BANK REFERENCE- Required**

**BANK NAME** \_\_\_\_\_

**CONTACT** \_\_\_\_\_

**ACCT #** \_\_\_\_\_  **CHECKING**  **SAVING**

**PHONE** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**TRADE REFERENCE**

**Any vendors, contractors or tradesman that you have done business with. Please provide if you will be seeking terms with us.**

**1) NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX** \_\_\_\_\_

**2) NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX** \_\_\_\_\_

**3) NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX** \_\_\_\_\_

**ACCOUNTS PAYABLE INFORMATION- Required**

**BILLING ADDRESS:** \_\_\_\_\_

Statement mailed to  **Billing Address**  **Restaurant**

**A/P CONTACT NAME:** \_\_\_\_\_

**A/P PHONE #** \_\_\_\_\_ **X** **A/P FAX #** \_\_\_\_\_

**A/P E-MAIL:** \_\_\_\_\_

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**PERSONAL GUARANTEE- REQUIRED**

**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. 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: \_\_\_\_\_

**WITHOUT A SIGNED GUARANTEE LAFRIEDA MEATS WILL NOT EXTEND CREDIT, AND WILL REQUIRE COD FOR ALL DELIVERIES.**

**ALL ACCOUNTS START AS COD FOR THEIR FIRST MONTH OF PURCHASE. THEN PLEASE CONTACT US TO INQUIRE ABOUT TERMS. WE RESERVE THE RIGHT TO EXTEND TERMS ONLY IF OUR REQUIREMENTS ARE MET.**

**ALL PAGES MUST BE COMPLETED IN FULL. APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE. PLEASE RETURN ALL THREE PAGES BY E-MAIL OR FAX LISTED AT TOP. ALLOW 3 BUSINESS DAYS TO SET UP YOUR ACCOUNT. QUESTIONS? E-MAIL [CREDITAPP@LAFRIEDA.COM](mailto:CREDITAPP@LAFRIEDA.COM) OR CALL THE LAFRIEDA OFFICE AT 201-537-8100. THANK YOU!**