



Crescent Packing Corporation
 1970 New Highway, Farmingdale, NY 11735
 Phone: 631.253.0700 | 718.803.1100
 Fax: 631.844.0360

Application For Credit

Contact Person _____

Open & Close Time _____

BILL TO				SHIP TO			
CORP. NAME				TRADE NAME			
ADDRESS				ADDRESS			
CITY				CITY			
STATE		ZIP		STATE		ZIP	
TEL ()		FAX ()		TEL ()		EMAIL	
<input type="checkbox"/> CORPORATION		FED ID NO. _____		DATE BUSINESS STARTED _____		<input type="checkbox"/> RETAILER	
<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> PROPRIETORSHIP		<input type="checkbox"/> WHOLESALER		<input type="checkbox"/> HOTEL	
						<input type="checkbox"/> CATERER	
						<input type="checkbox"/> RESTAURANT	
SHARE HOLDER/ MEMBER				SHARE HOLDER / MEMBER (ADDITIONAL)			
NAME & TITLE				NAME & TITLE			
HOME ADDRESS				HOME ADDRESS			
CITY				CITY			
STATE		ZIP		STATE		ZIP	
HOME TEL		EMAIL		HOME TEL		EMAIL	
SOCIAL SECURITY NO.				SOCIAL SECURITY NO.			
BANK REFERENCE				OFFICE USE ONLY			
NAME							
ADDRESS							
CITY							
STATE		ZIP					
TEL		EMAIL					
ACCOUNT NO.							
PERSON TO CONTACT				SALES PERSON _____ SALES PERSON ID NO. _____			
				APPROVED CREDIT LIMIT \$ _____ TERMS OF SALE _____			
				ACCOUNT NO. _____ CHAIN NO. _____ ZONE NO. _____			
				APPROVED BY _____ DATE _____			

TRADE REFERENCES (INCLUDING ALL MEAT SUPPLIERS)

1. NAME			ADDRESS			TEL ()		
YEARS BOUGHT	RECENT HIGH CREDIT	WEEKLY \$ SALES	CURRENT O/S BAL.	TERMS OF SALE	COMMENTS			
2. NAME			ADDRESS			TEL ()		
YEARS BOUGHT	RECENT HIGH CREDIT	WEEKLY \$ SALES	CURRENT O/S BAL.	TERMS OF SALE	COMMENTS			
3. NAME			ADDRESS			TEL ()		
YEARS BOUGHT	RECENT HIGH CREDIT	WEEKLY \$ SALES	CURRENT O/S BAL.	TERMS OF SALE	COMMENTS			
4. NAME			ADDRESS			TEL ()		
YEARS BOUGHT	RECENT HIGH CREDIT	WEEKLY \$ SALES	CURRENT O/S BAL.	TERMS OF SALE	COMMENTS			

BY EXECUTION OF THIS INSTRUMENT, SHARE HOLDER(S) RATIFIES AND AGREES TO THE FOLLOWING TERMS: IN THE EVENT THERE IS A DEFAULT IN PAYMENT OF ANY INVOICE, A LATE CHARGE WILL BE IMPOSED IN THE AMOUNT OF 1 1/2% PER MONTH ON THE UNPAID BALANCE. IN THE EVENT ANY SUIT OR PROCEEDING IS REQUIRED TO EFFECT THE COLLECTION OF ANY AMOUNT DUE, ATTORNEY'S FEES AND DISBURSEMENTS IN THE SUM OF 25% OF THE TOTAL DUE WILL BE IMPOSED.

DATE _____ PRINT NAME _____ AUTHORIZED SIGNATURE AND AS GUARANTOR _____

IMPORTANT: Credit application must be signed by applicant before any terms of credit are issued!



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Bank Written Authorization Form

Please provide Crescent Packing Corporation and/or ARMS with information regarding my credit history with your bank.

I hereby authorize the release of this information for credit purposes.

CORPORATE NAME OF APPLICANT AND TRADE NAME(S)

D/B/A

AUTHORIZED SIGNATURE

TITLE

DATE:
