



**Crescent Packing Corporation**  
1970 New Highway, Farmingdale, NY 11735  
Phone: 631-203-7900  
cresecent\_credit@compass.com

## Application For Credit

Please complete this form in its entirety

**Requested Credit Limit:** \_\_\_\_\_

Legal Name (Applicant): \_\_\_\_\_

DBA: \_\_\_\_\_ Date Established: \_\_\_\_\_ State: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ AP Contact: \_\_\_\_\_

Annual Revenue: \_\_\_\_\_ FED ID#: \_\_\_\_\_ AP Email: \_\_\_\_\_

### **Ownership Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Ownership %: \_\_\_\_\_

### **Primary Bank Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Account # - Checking: \_\_\_\_\_ Line of Credit: \_\_\_\_\_ Other: \_\_\_\_\_

### **Secondary Bank Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Account # - Checking: \_\_\_\_\_ Line of Credit: \_\_\_\_\_ Other: \_\_\_\_\_

### **References:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Terms and Conditions** - By execution of this instrument, shareholder(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 collection of any amount due, attorney's fees and disbursements in the sum of 25% of the total due will be imposed. The person submitting this application has authority to bind (COMPANY NAME) and is authorized by (COMPANY NAME) to enter into the credit application terms and conditions. By signing this form, you authorize Crescent Packing Corp. and its agents to obtain requested information from the bank and trade references provided, and warrant that the information provided is true.

### **APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:**

I certify that the above information is correct and hereby authorize you to obtain credit information from the above listed bank and trade references. I certify that the above information is correct and hereby authorize you to obtain credit information from the above listed bank and trade references.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_