



## CREDIT APPLICATION

SALES PERSON'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
COMPANY PHONE NO'S: PRIMARY \_\_\_\_\_ SECONDARY \_\_\_\_\_

COMPANY LEGAL NAME: \_\_\_\_\_

DBA: \_\_\_\_\_ STATE INCORPORATED NUMBER: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

CORPORATION'S EMAIL ADDRESS: \_\_\_\_\_

CORPORATION'S FEDERAL ID NO: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ORGANIZATION:  Corporation  Partnership  Proprietorship  
COMPANY OPERATES AS A:  Chain  Wholesaler  Retailer  Jobber  Other \_\_\_\_\_

IS COMPANY PART OF A BUYING GROUP? IF YES WHAT GROUP? \_\_\_\_\_

### BANK RELATIONSHIPS:

NAME OF BANK: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

### TRADE REFERENCES:

1) NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

3) NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CREDIT LINE NEEDED PER MONTH: \_\_\_\_\_

AMOUNT OF FIRST ORDER: \_\_\_\_\_

**THIS CREDIT APPLICATION MUST BE SIGNED AND ACTS AS A LETTER AUTHORIZING RELEASE OF ALL CREDIT INFORMATION.**

Credit Agreement: In order to establish an open line of credit based upon this application, the applicant agrees to pay for all purchases in accordance with terms of sale.

Applicant agrees to pay for any and all past due invoice(s) of the undersigned to FJ Foods Distribution and shall bear interest at the rate of 1.5% per month or highest rate permitted by law. Applicant also agrees to reimburse for any and all costs, such as but not limited to, collection agency fees, attorney fees, etc., incurred to collect any debt

Please return this document signed to [accounting@fjdistrib.com](mailto:accounting@fjdistrib.com)

SIGNER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_