



CREDIT APPLICATION

Business Name _____
 Telephone Number _____ Fax Number _____
 Mailing Address _____ City _____ State _____ Zip _____
 Physical Address _____ City _____ State _____ Zip _____
 Business Structure () Sole Proprietorship, () Partnership, () Corporation
 General Nature of Business _____ Year Business Started _____
 Federal ID Number _____

Names, Addresses and Telephone Numbers of Owners, Stockholders, Partners and/or Officers:

1. _____
2. _____

Are you responsible for reporting and paying for your own meal tax? ___ YES ___ NO ___ N/A
 If yes, please provide us with a copy of your exemption certificate.

Trade References: Business Name, Contact Person, Telephone and Fax Numbers
PLEASE BE SURE TO PROVIDE A FAX NUMBER. WE FAX OUR CREDIT REQUESTS.

| | <u>Business Name/Contact Person</u> | <u>Telephone Number</u> | <u>Fax Number</u> |
|----|-------------------------------------|-------------------------|-------------------|
| 1. | _____ | _____ | _____ |
| | _____ | | |
| 2. | _____ | _____ | _____ |
| | _____ | | |
| 3. | _____ | _____ | _____ |
| | _____ | | |
| 4. | _____ | _____ | _____ |

The signature below gives the above mentioned trade references permission to release credit information. All information provided by the credit request will remain confidential.

 Signature Title Date