



**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 \_\_\_\_\_

<b>BILL TO</b>				<b>SHIP TO</b>			
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	
<b>SHARE HOLDER/ MEMBER</b>				<b>SHARE HOLDER / MEMBER (ADDITIONAL)</b>			
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.			
<b>BANK REFERENCE</b>				<b>OFFICE USE ONLY</b>			
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			

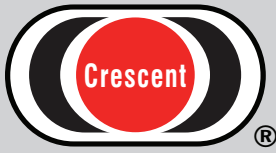
**TRADE REFERENCES (INCLUDING ALL MEAT SUPPLIERS)**

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

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D/B/A 

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AUTHORIZED SIGNATURE

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TITLE

DATE: 

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