



Sales Rep: \_\_\_\_\_

**Poultry Products Northeast, Inc.**

**NH: (800) 334-2449**

**ME: (800) 842-555**

**CT/NY: (888) 440-2449**

Credit Application

Trade Name or D.B.A			Corporate Name		
Ship To Address			Contact Name		
City	State	Zip	Contact Phone No. ( )	Contact Fax or Email	
Billing Address (If Different From Ship To)			Billing Contact		
City	State	Zip	Billing Phone No. ( )	Billing Fax or Email	

**The Following Information MUST Be Provided Accurately And In Detail And Will Be Held In Strictest Confidence**

Type of Business	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	Date of Incorporation	State in Which Business is Incorporated
Business Location is:	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned	FEDERAL TAX IDENTIFICATION No.			

Requested Line of Credit: \_\_\_\_\_

If Corporation, Name President & Treasurer. If Partnership, Name All Partners. If Sole Ownership, Name of Owner.

Name	Home Address	Home Phone No. ( )
S.S.#	Title	
Name	Home Address	Home Phone No. ( )
S.S.#	Title	

**Bank Information**

Name & Address Of Bank			
City	State	Zip	Phone No. ( )
Checking Account No.			
Bank Representative			Phone No. ( )

**Business Type**

Hotel/Inn    Institution    Supermarket    Wholesale Distributor    Restaurant    Retailer    Deli    Pizza    Other \_\_\_\_\_

Date Business Began \_\_\_\_\_ Best Time To Deliver \_\_\_\_\_  Year Round Business    Seasonal \_\_\_\_\_

**Trade References (no Beverage, Candy, or Tobacco)**

1.	Name	Address	Contact
	Account No.	Terms	Phone No. ( )
1b.	Name	Address	Contact
	Account No.	Terms	Phone No. ( )
2.	Name	Address	Contact
	Account No.	Terms	Phone No. ( )
2b.	Name	Address	Contact
	Account No.	Terms	Phone No. ( )
3.	Name	Address	Contact
	Account No.	Terms	Phone No. ( )
3b.	Name	Address	Contact
	Account No.	Terms	Phone No. ( )

**APPLICANT'S SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:**

- All invoices will be paid according to your stated terms.
- I/WE agree to notify you immediately to any change of ownership.
- If the account is placed for collection, I agree to pay all reasonable charges including attorney's fees and further agree that a charge of 20% of the amount of the claim shall be considered reasonable as a fee.
- I/WE authorize all banking and trade references to release information to Poultry Products Northeast Co., Inc. for its confidential use.
- A \$40 processing fee may be charged for non-sufficient funds (NSF checks).

**In consideration of Poultry Products Company, Inc. (Seller) selling goods, wares and merchandise upon credit or allowing additional time for payment on the present indebtedness I/We hereby guarantee payment of any and all obligations incurred and agree to personally pay the said obligation(s) in accordance with the terms between parties in the event of default. The signature(s) on this document represents not only authorization on behalf of the company, including an accurate representation of information provided herein, but also represents my/our personal guarantee as noted by the terms herein.**

_____	_____	_____
Print Name	(Signature)	(Date)
_____	_____	_____
Print Name	(Signature)	(Date)
_____	_____	_____
Witness Print Name	Witness (Signature)	(Date)

**MISSING INFORMATION WILL DELAY PROCESSING OF THIS APPLICATION.**

Any questions, please call (800) 334-2449

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