

APPLICATION FOR CREDIT



NEW CUSTOMER FORM ONLY

We hereby apply for credit and certify that the information below is correct. Our understanding is that this information is for use of your credit department only and will be held in the strictest confidence.

_____ (TRADE NAME (DOING BUSINESS AS))		
_____ CORPORATE NAME		
_____ DELIVERY ADDRESS (NOT MAILING)		
_____ DELIVERY ADDRESS		
_____ CITY	_____ STATE	_____ ZIP

_____ MAILING ADDRESS		
_____ CITY	_____ STATE	_____ ZIP
_____ ATTENTION OF		
_____ BUSINESS PHONE (AREA CODE)		
_____ Customer Number (Office Use Only)		

TYPE OF OWNERSHIP

CORPORATION

PARTNERSHIP

INDIVIDUAL

Complete the following information for all corporate officers, partners, or an individual proprietor.

(1)

NAME AND TITLE

HOME ADDRESS

CITY, STATE, ZIP

HOME PHONE NO.

SOCIAL SECURITY NO.

(2)

NAME AND TITLE

HOME ADDRESS

CITY, STATE, ZIP

HOME PHONE NO.

SOCIAL SECURITY NO.

Name of Manager: _____

Where will the bills be paid from: _____

By whom: _____ Name: _____ Phone No. _____

Length of time in operation at this address: _____

PERSONAL GUARANTEE MAY BE REQUIRED BEFORE CREDIT IS EXTENDED. IF SO SEE ATTACHED *****

TRADE REFERENCES:
Preferably other food distributors

Name of Bank _____ Phone _____

	NAME	ADDRESS	PHONE NO.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

WE EXPECT OUR CREDIT REQUIREMENTS FROM YOU TO BE ABOUT \$ _____ PER _____

THE UNDERSIGNED AGREES TO MAKE PAYMENT IN FULL TO YOU FOR ALL PURCHASES IN ACCORDANCE WITH YOUR INVOICE. SHOULD THE UNDERSIGNED DEFAULT IN ANY SUCH PAYMENT, IT IS AGREED THAT A LATE SERVICE CHARGE AT THE MAXIMUM RATE PERMITTED BY LAW, REASONABLE ATTORNEY'S FEE, AND ALL OTHER COSTS OF COLLECTION WILL BE ASSUMED BY THE UNDERSIGNED. I HAVE READ THE ABOVE AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS APPLICATION.

PERMISSION TO CHECK OUR CREDIT INFORMATION IS GRANTED BY SIGNATURE.

DATE _____	AUTHORIZED SIGNATURE AND TITLE _____	SOCIAL SECURITY OF FEDERAL I.D. NUMBER _____
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McFARLING FOODS

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