

# PECK FOOD SERVICE

17000 ROCKSIDE RD., BLDG. C MAPLE HTS., OH 44137 (216-587-6814)

CREDIT APPLICATION\*\*CONFIDENTIAL

I AGREE TO PAY ATTORNEY FEES AND COURT COSTS SHOULD THEY BECOME NECESSARY FOR THE COLLECTION OF THIS ACCOUNT.

LEGAL NAME of CORP., PARTNERSHIP or PROPRIETORSHIP:

DBA:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If a subsidiary, name and address of parent company:

ORGANIZATION TYPE: Partnership \_\_\_\_\_ Individual proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ \*\*\* If a Corporation: State incorporated in: \_\_\_\_\_ Date incorporated: \_\_\_\_\_ Years in existence: \_\_\_\_\_

Principals: Name \_\_\_\_\_ Home Address & Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_ Position \_\_\_\_\_

A.

B.

C.

AUTHORIZED INDIVIDUALS / TO ENTER INTO CONTRACTS ON BEHALF OF THE COMPANY:

Name \_\_\_\_\_ Title \_\_\_\_\_ # of Signatures Required: \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ One \_\_\_\_\_ Two \_\_\_\_\_

Banking Information

Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CREDIT REFERENCES: (PLEASE INCLUDE DAIRY SUPPLIER IF APPLICABLE)

1. Supplier \_\_\_\_\_ Acct.# \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. Supplier \_\_\_\_\_ Acct.# \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

3. Supplier \_\_\_\_\_ Acct.# \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

4. Supplier \_\_\_\_\_ Acct.# \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## PERSONAL GUARANTEE

The undersigned certifies that the above information is true and correct and authorize you to verify this information and/or obtain additional information from credit reporting agencies to verify or supplement the provided information. In consideration for the credit extended to the above-listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation through any of its agents listed above.

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

\* THIS COPY of this application must be COMPLETED AND SIGNED for credit to be extended\* NO FAXES\*