

CREDIT APPLICATION FORM



CDC FOODS

COMPANY NAME: _____

ADDRESS: _____ POSTAL _____

TELEPHONE: _____ FAX: _____

PRESIDENT'S NAME: _____

ACCOUNTS PAYABLES CONTACT: _____ Email _____

BUYER'S NAME: _____ Email _____

COMPANY IN BUSINESS SINCE: _____ NATURE OF BUSINESS: _____

AMOUNT REQUIRED/MONTH (APPROX.): _____ PRODUCTS TO BE PURCHASED _____

SHIPPING ADDRESS: _____

H.S.T. NO: _____

TRADE REFERENCES

NAME OF PRINCIPLE BANK: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT: _____ ACCOUNT NO.: _____

1) NAME OF SUPPLIER _____

ADDRESS _____

TELEPHONE: _____ FAX: _____

CONTACT: _____ Email _____

2) NAME OF SUPPLIER _____

ADDRESS _____

TELEPHONE: _____ FAX: _____

CONTACT: _____ Email _____

3) NAME OF SUPPLIER _____

ADDRESS _____

TELEPHONE: _____ FAX: _____

CONTACT: _____ Email _____

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby agree to pay all accounts within terms of sale as expressly agreed. Interest may be charged at the rate of 24% per annum on overdue balances. I hereby authorize to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements.

APPLICATION DATE: _____ CUSTOMER SIGNATURE: _____