



1. Company Information

Full Legal Name/Business Entity	Phone #	Fax #
Doing Business as (DBA)		
Billing Address	City	State Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
No. of Employees	Year Business Established	Annual Sales      Type of Business
Federal Tax ID	State of Incorporation	DUNS NUMBER:
E-Mail Address(es):		Website:

2. Owner Information

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip      Phone #

3. Bank References

Bank Name	Account Number	Contact
Address	City	State Zip      Phone #
<b>Fax#</b>	Number of years doing business with this Company	

4. Trade Credit References *Please include fax number*

Company Name	Contact
Address	City      State      Zip      Phone #
<b>Fax#</b>	Number of years doing business with this Company

Company Name	Contact
Address	City      State      Zip      Phone #
<b>Fax#</b>	Number of years doing business with this Company

Company Name	Contact
Address	City      State      Zip      Phone #
<b>Fax#</b>	Number of years doing business with this Company

New Accounts

All first time orders will be shipped either C.O.D. – CASH, certified check, or money order.

CREDIT TERMS:

Net 20 account will be extended for qualified customers Upon approval of a completed credit application and tax resale form. Please allow 2 to 4weeks for your application to be processed.

RETURNED CHECKS:

A \$40.00 service charge will be invoiced to your account for any checks returned to your bank.

Deliveries/ Policies:

Via UPS & Common Carrier: For locations outside our shipping zones orders will ship using a carrier partner. We recommend that perishables & weather sensitive products should be shipped via refrigerated carrier.

All orders must be checked in at time of delivery. Please mark clearly on the invoice any damages or shorts. These rules apply to deliveries via common carrier, UPS, and a Paramount Foods house truck.

We hereby request an open account with Paramount Foods, LLC and affirm that the above information is true. The individual signing this application certifies that they are an owner or officer of the company and personally guarantees the continuing obligations of the company and the prompt payment of all obligations due within the terms established at the time of sale. A 1 ½% (18% per annum) interest charge will be incurred on all past due invoice and in the event that suit is required, purchaser agrees to pay all legal and collection costs. A facsimile of this document is to have the same force and effect as the original. I authorize Paramount Foods to verify my credit history.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Print Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**Email Credit Applications: [accounting@paramountfoodsdsd.com](mailto:accounting@paramountfoodsdsd.com)**

**Fax Credit Applications: 908-325-0374**