

CUSTOMER INFORMATION FORM/CREDIT APPLICATION

(Information received is for credit purposes only and will be held in strict confidence.)

Legal Name: _____ Trade Name: _____
Business Address: _____
Billing Address: _____
Business Email: _____ Business Website: _____
Phone: _____ Fax: _____ Year Started: _____

Owner Name: _____ SS#: _____
Home Address: _____
Phone: _____ Cell Phone: _____ Email: _____

CHECK ONE OF THE FOLLOWING:

() Corporation () Partnership () Personal () Proprietorship () LLC

IF INCORPORATED, LIST NAME, ADDRESS AND PHONE OF OFFICERS:

President: _____
Vice President: _____
Secretary: _____
Treasurer: _____

IF PARTNERSHIP, LIST NAME, ADDRESS AND PHONE OF ALL PARTNERS:

Name Address Phone Contact

BANK REFERENCE: _____
CHECKING ACCOUNT NUMBER: _____

LIST THREE TRADE REFERENCES:

Company Name Address Phone Fax

1. _____
2. _____
3. _____

In consideration of extension of credit by Catanzaro Quality Meats, the undersigned (purchaser) agrees to pay for each purchase of goods and services according to the terms in effect at the time of such purchases shown on Catanzaro Quality Meats invoice or statement. If the purchaser defaults on its payments to Catanzaro Quality Meats, the purchaser agrees to pay all costs of collection, including reasonable attorney's fees, whether or not litigation is actually commenced.

PRINT NAME SIGNATURE OF GUARANTOR TITLE DATE

Major credit card: Visa_ MC_ Discover_ Name _____ billing address _____
card # _____ exp.date _____ cvc code(3digit) _____

Please return/fax this form to:

CATANZARO QUALITY MEATS
550 Farmington Ave, New Britain, CT 06053 Phone 860-229-6089 FAX 860-225-8163