



Please complete and fax to: (888) 838-2231 or email to: [orders@centrafoods.com](mailto:orders@centrafoods.com)

**Company Name** \_\_\_\_\_

DBA (if different) \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Shipping Address** (Name if different) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Shipping Contact** \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Shipping Address 2** (If Shipping to Multiple Locations)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Shipping Contact** \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Special Shipping Instructions:** (i.e. Lift Gate Required, Home Delivery, Ranch/Remote Location, Delivery Appointment Required)

\_\_\_\_\_  
\_\_\_\_\_

**Purchase Order Required?**  Yes  No  
**Authorized Purchasers**

\_\_\_\_\_

**Accounts Payable Email** \_\_\_\_\_

(invoices will be emailed to this address)

**\*\* If requesting Credit from Centra Foods, please fill out the following pages.**



# Credit Application

**\*\* If requesting Credit from Centra Foods, please fill out the following pages. If paying with an ACH payment or credit card, please contact our Accounting Department at (800) 689-7510 x129 to complete your transaction.**

Please complete and fax to: (888) 838-2231 or email to: [orders@centrafoods.com](mailto:orders@centrafoods.com)

**Company Name** \_\_\_\_\_

Yes, I give authorization for Centra Foods to check company credit

Federal Tax ID or Social Security Number \_\_\_\_\_

Type of Business \_\_\_\_\_ No. of Employees \_\_\_\_\_

Date Business Established \_\_\_\_\_

Types of Products you will purchase \_\_\_\_\_

Amount of Credit Requested \$ \_\_\_\_\_

**Are you a:**

**CORPORATION**

State of Incorporation: \_\_\_\_\_

Names, Titles and Addresses of your three Chief Corporate Officers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTNERSHIP**

Names and Addresses of the Partners

\_\_\_\_\_  
\_\_\_\_\_

**SOLE PROPRIETORSHIP**

Are you sales tax exempt?  Yes  No

Have you ever had credit with us before?  Yes  No

If yes, under what name? \_\_\_\_\_

**TRADE REFERENCES**

Reference #1

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Reference # 2

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Reference # 3

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

**BANK REFERENCES**

Bank # 1

Account # \_\_\_\_\_  
Phone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_

Bank # 2

Account # \_\_\_\_\_  
Phone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_

I represent that the above information is true and is a given to induce Centra Foods to extend credit to the applicant. My company and I authorize Centra Foods to make such credit investigation as Centra Foods seems fit, including contacting the able trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to Centra Foods any and all information concerning the financial and credit history of my company and myself.

**I have read the terms and conditions stated below and agree to all of these terms and conditions.**

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

1. **PAYMENT TERMS:** All bills must be paid in full within the terms specified when your account is established.
2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with the Centra Foods Credit Department.
3. **SERVICE CHARGES:** A service charge of 1.5% per month may be added to all amounts billed if not paid within 30 days.
4. **NSF CHARGES:** Purchaser shall pay the Seller a service charge of \$35.00 for each check returned by the Purchaser's bank.
5. **PERSONAL GUARANTEE:** Authorized signer guarantees payment of orders placed whether a corporate officer or other party.