



Please complete and fax to: (888) 838-2231 or email to: 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.**

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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.