

CREDIT APPLICATION
J. AMBROGI FOOD DISTRIBUTION, INC.
1400 Metropolitan Avenue, P.O. Box 38, Thorofare, NJ 08086

Attn: LARRY TAMBONE
Fx: 856-845-3748
Ph: 856-845-0377

Firm Name: _____

Address: _____

Phone: _____
email: _____

Fax: _____

Signature to authorize Faxing prices to you

Property: (Owned) _____ (Leased) _____

Type of Business: _____ Corporation _____ Partnership _____ Sole Proprietor

Trade Name Used: _____

How Long in Business: _____ Yrs. _____ Yrs.
This location Other locations

The Principal Owners, Officers, Directors, Partners are:

Name	Address	Social Security #
_____	_____	_____
_____	_____	_____

Accounts Payable Contact: _____ / _____ - _____
name phone/fax number

Bank Name: _____ Address: _____
Phone: _____ Contact: _____
Checking Acct #: _____ Savings Acct #: _____
Credit line limit: _____

Suppliers (Please provide names of your food suppliers)

Name / Account number	Address	Phone/Fax #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

APPLICANT UNDERSTANDS THAT J. AMBROGI WILL BE INDUCED BY THIS INFORMATION TO EXTEND CREDIT TO THE APPLICANT FOR ITSELF OR IN ITS TRADE NAME, AND APPLICANT DOES AGREE TO MAKE PAYMENTS PROMPTLY AND AUTHORIZES RELEASE OF ANY CREDIT INFORMATION NOW OR IN THE FUTURE BY ANY SOURCE NAMED HERANABOVE. APPLICANT AGREES TO PAY SERVICE CHARGES OF 1 1/2% PER MONTH OR SUCH MAXIMUM AMOUNT AS MAY BE PERMITTED BY LAW UNDER THE GOVERNING STATE'S LAW, WHICHEVER SHALL BE LESS, ON ALL ACCOUNTS OVER 30 DAYS FOLLOWING PURCHASE AND TO PAY REASONABLE COLLECTION AND ATTORNEY'S FEES WITH COSTS IF THE ACCOUNT IS PLACED FOR COLLECTION.

THE UNDERSIGNED PERSONALLY GUARANTEES PAYMENT OF ALL SUMS AS MAY BECOME DUE FROM THE APPLICANT TO J. AMBROGI AND WAIVES NOTICE OF ACCEPTANCE OF THIS CONTINUING GUARANTY, NOTICE OF DEFAULT AND PERMITS RENEWAL, EXTENSION OR REVISION OF THE TERMS OF CREDIT RELATIONSHIP OR ANY OBLIGATION FROM TIME TO TIME WITHOUT NOTIFICATION OR CONSIDERATION OF THE EFFECT UPON THIS GUARANTY.

Print Name: _____ Signature: _____

Date: _____

***Indicate number of day's credit you are requesting: _____

MAY NOT EXCEED 30 DAYS NET