



CREDIT APPLICATION: APPENDIX A

Credit Application

Business contact information			
Business name:			
Signature to authorize e-mailing prices:			
Phone:	Fax:	E-mail:	
Address:			
City:	State:	Postcode:	
Trade name used:		In business since:	
Other locations and # years in business:			
Sole proprietor: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Limited liability: <input type="checkbox"/>	Corporation: <input type="checkbox"/>
Our property is:	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	
Amount of credit requested/average per month:			
Annual sales (past 2 years) Year 1:		Year 2:	
Owner information			
Principal Owners, Officers, Directors, Partners:			
Name/Address/SSN:			
Name/Address/SSN:			
Bank information			
Bank name:		Checking account #:	
Bank address:		Phone:	
City:	State:	Postcode:	
E-mail:	Phone:	Fax:	
References (List 3 purveyors of food service products or services)			
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:		City:	
State:	Postcode:	State:	Postcode:
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	
Account #:		Account #:	
Company name:			
Contact name:			
Address:			
City:			
State:	Postcode:		
Phone:	Fax:		
E-mail:			
Account #:			



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Agreement

1. Credit terms will be strictly enforced.
2. All outstanding debt must be paid within approved terms per invoice.
3. Return check fees \$30. More than 2 returned checks in a 60-day period will result in cash only basis (COD) for 30 days.
4. By submitting this application, you authorize J. Ambrogi Food Distribution, Inc. to make inquiries into the banking and business/trade references that you have supplied.

APPLICANT UNDERSTANDS THAT J. AMBROGI FOODS 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 HERINABOVE. 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 FOODS 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.

Signature

Print Name

X:

Indicate number of days credit requested:

Title:

Date:

Sales Rep: Web Application

Please direct any questions to our credit department:

Beth Burrows	Kathy McKee
bburrows@ambrogifoods.com	kmckee@ambrogifoods.com
T: 856-845-0377 Ext. 115	T: 856-845-0377 Ext. 136
F: 856-845-0941	F: 856-845-0941



CREDIT CARD APPLICATION: APPENDIX C

This form is to be completed ONLY if you are going to pay by Credit Card.

Please note a 3% credit card fee will be applied.

Credit card information			
AMEX <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTER CARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
Credit card #:		Exp:	
Cardholder name:		Cardholder signature:	
Billing address of credit card:			
City:	State:		Postcode:
Phone:	Fax:	E-mail:	
*Please attach a copy of the front and back of the credit card.			
The signature on this form is an agreement for a weekly charge for product by J. Ambrogi Foods. An account statement will be sent weekly to assist in reconciling your account.			
Person completing this form:			
Date:			
I authorize the credit card to be charged for weekly invoices from J. Ambrogi Foods.			
Signature:			

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Beth Burrows	Kathy McKee
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F: 856-845-0941	F: 856-845-0941