



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



BANK ACH WITHDRAWAL AUTHORIZATION: APPENDIX B

Customer hereby authorizes **J. Ambrogi Food Dist., Inc.** or its designee successor or assign (hereinafter "Vendor") to withdraw any amounts including any and all sales, use and property taxes now due or hereinafter imposed owed by Customer under this **[GENERIC AGREEMENT]** ("Agreement") by initiating debit entries to Customer's account at the financial institution (hereinafter "Bank") indicated in this agreement or at any such other Bank as Customer may from time to time use. In the event of default of Customer's obligation hereunder, Customer authorizes debit of Customer's account or credit card for the full amount due under this Agreement or any portion thereof. Further, Customer authorizes Bank to accept and to charge any debit entries initiated by Vendor to Customer's account. In the event that Vendor withdraws erroneously from Customer's account, Customer authorizes Vendor to credit Customer's account for the amount erroneously withdrawn. Customer understands that the foregoing ACH authorization is a fundamental condition to induce Vendor to accept this Agreement. Consequently, such authorization is intended to be irrevocable and if cancelled, Customer authorizes Bank to pay a single and final ACH debit to Vendor equal to any balance due on Agreement. In the event that Vendor is unable to collect any ACH debit to Customer, in its sole discretion, may either deem such an event as default in accordance with the Agreement or may invoice Customer for payments due under this Agreement and include a \$5.00 processing fee in such invoices. Additionally, invoices not paid within 30 days of invoice date will be subject to a 1.5% per month finance charge beginning 31 days after invoice date.

Bank Name:	Bank Phone Number:	
Bank Account Number (not to exceed 17 digits):	Type of Account:	
	Savings	Checking
Bank Routing and Transit Number (required 9 digits):	Requested Effective Date (optional):	
Print Name:	Phone Number:	
Authorized Signature:	Date Signed:	
Reason for Payment:	Amount:	
Frequency of Payment:		

GUARANTEE

To induce Vendor to enter into this Agreement for Customer knowing that Vendor is relying on this Guaranty as a precondition to making this Agreement, **I INDIVIDUALLY, PERSONALLY, ABSOLUTELY AND UNCONDITIONALLY GUARANTY** to Vendor (and any person or firm Vendor may transfer its interests to) all payments and other obligations owed by Customer to Vendor under this Agreement and any add-on Services, Equipment Schedules and future Agreements between Vendor and Customer, including, but not limited to, Vendor's attorney's fees and legal costs incurred in enforcing this Agreement. I will also pay all reasonable costs and fees incurred by Vendor in enforcing this Guaranty. I waive notice of demand and notice of default and I agree that Vendor may proceed directly against me without first proceeding against Customer or the security (including the Equipment). This Guaranty shall be governed by the laws of NJ. I FREELY CONSENT TO PERSONAL JURISDICTION IN THE NJ COURTS INCLUDING WITHOUT LIMITATIONS THE CIVIL COURT OF THE CITY OF WEST DEPTFORD AND I WAIVE TRIAL BY JURY. This Guaranty will bind my heirs, representatives and successors.

Print Name:	SSN:
Authorized Signature:	Date Signed:

ATTACH VOIDED CHECK HERE

A voided check from your checking account must be included in this application

(Do not use a deposit ticket or temporary check)