

Date: _____

Rep#: _____



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Account Bill To:	Account Ship To:
Name	Name
Address	Address
City/ State	City/State
Zip	Zip
Telephone#	Years in Business

BUSINESS AND CREDIT INFORMATION

Parent Company Name			
Amount of Credit Requested:			
<u>Company Contacts</u>			
Purchasing	Ph#	Fax#	Ext.
Accounts Payable	Ph#	Fax#	Ext.
Owners Name	Ph#	Fax#	Ext.

BUSINESS/TRADE REFERENCES- MINIMUM OF THREE REQUIRED (PLEASE DO NOT USE LIQUOR REFERENCES)

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Account #	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Account #	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Account #	

AGREEMENT

I hereby authorize the above listed trade references to disclose our company's credit history for purposes of establishing credit with Arcade Snack Company.

Terms: **NET 15 DAYS or CREDIT TERMS**

I understand that our account must be paid within the established terms and that no shipments will normally be made on delinquent accounts. In the event that our company is unable to meet the established terms, I further understand that we will be put on cash payments in advance for all future orders.

SIGNATURES

Date:	Print Name:
TITLE:	SIGNATURE:

**205 SOUTHBRIDGE ST. ~ PO Box 375 ~ AUBURN, MA 01501
PHONE: 508-832-6300 ~ FAX: 508-832-6330**