

P.O. Box 375 ~ 205 Southbridge Street ~ Auburn, MA 01501 ~ Tel: 508-832-6300 ~ FAX: 508-832-6330

Credit Application For Business Account

Account Bill To: _____ **Account Ship To:** _____
 Address _____ Address _____
 City/State/ZIP _____ City/State/ZIP _____
 Telephone # _____ Fax # _____

BANK or SAVINGS and LOAN ASSOCIATION

Name: _____ Address: _____ Acct. # _____ Type Acct. _____

Business and Credit Information

Parent Company Name _____ Years Established _____ # of Employees _____
 Type of Business(Sole Proprieter,Partnership,Corp.) _____ Business Building is Owned/Rented _____
 Purchasing Contact _____ Ph _____ Fax # _____
 Accounts Payable Contact _____ Ph _____ Fax # _____
 Owners Name _____ Ph _____ Fax # _____
 Owners Address _____ City _____ State/Zip _____

Has applicant ever filed a voluntary petition in bankruptcy? **Yes or No** If Yes, explain on a separate sheet of paper.
 Has a Tax Lien or Civil Suit been filed against applicant within the last six years? **Yes or No** If Yes, explain on a separate sheet of paper.

Business/Trade References* Minimum of 3 Required (Please DO NOT USE LIQUOR REFERENCES)

Company Name: _____ **Acct. #** _____
 Address _____ **Type of Account** _____
 City _____ State _____ Zip Code _____
 Phone _____ **Fax #** _____

Company Name: _____ **Acct. #** _____
 Address _____ **Type of Account** _____
 City _____ State _____ Zip Code _____
 Phone _____ **Fax #** _____

Company Name: _____ **Acct. #** _____
 Address _____ **Type of Account** _____
 City _____ State _____ Zip Code _____
 Phone _____ **Fax #** _____

Company Name: _____ **Acct. #** _____
 Address _____ **Type of Account** _____
 City _____ State _____ Zip Code _____
 Phone _____ **Fax #** _____

Agreement

TERMS: In consideration of **Arcade Snacks** extending credit to the applicant, the applicant agrees to pay for all items delivered or services rendered to, or at the request of, the applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions of sale stated on the invoices shall be the terms of the contract of each sale from **Arcade Snacks** to the applicant. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. Applicant authorizes **Arcade Snacks** to obtain credit and financial information concerning applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that the Applicant understands it completely.

Terms: NET 15 DAYS or CREDIT TERMS

Please note that this form must be filled out in its entirety to be processed; all phone and fax numbers are required

Date: _____ **Print Name of Applicant** _____
Title of Applicant _____ **Signature of Applicant** _____

