

Service Ideas, Inc. Credit Application



CONTACT INFORMATION

Business Name:

Mailing Address:

City:

State:

Zip:

Billing Address:

City:

State:

Zip:

Phone:

Email:

Number of years in business:

At current location:

President Owner:

Phone:

Purchasing Agent:

Phone:

Controller:

Phone:

A/P Department:

Phone:

Related Business: YES click to check NO click to check

Related Business Name:

Related Business Address:

Has this company, its owner, or related companies filed for bankruptcy within the last 5 years? YES click to check NO click to check

Please provide additional information

Please provide at least 4 credit / trade references on the attached sheet

IF PURCHASES WILL BE RESOLD PLEASE SEND RESALE CERTIFICATE

I affirm that the above information is true to the best of my knowledge. I agree to allow Service Ideas to check the credit references of this company as part of an application for an open account. I agree to pay invoices in US DOLLARS when due according to the terms extended and to pay collection or attorney fees if collection action is required.

Signature of Officer/Owner:

Date

Printed name of above:

Title:

Service Ideas, Inc.

Credit/Trade References



PRINCIPAL SUPPLIERS (FOODSERVICE INDUSTRY PREFERRED)

Name:

Address:

City: State: Zip:

Phone: Email:

Name:

Address:

City: State: Zip:

Phone: Email:

Name:

Address:

City: State: Zip:

Phone: Email:

Name:

Address:

City: State: Zip:

Phone: Email:

BANK REFERENCE

Name:

Address:

City: State: Zip:

Phone: Email:
