



CREDIT APPLICATION

Business Information (All Fields Required)

Type of Business: (Select one)

- Corporation Non-Profit Proprietorship Partnership

Company:

Nature of Business:

Address:

City:

State:

Zip Code:

Years in Business:

Tax ID Number:

Phone:

Fax:

Customer Contact (All Fields Required)

First Name:

Last Name:

Department:

Phone:

Ext:

Email:

Accounts Payable Contact (All Fields Required)

First Name:

Last Name:

Phone:

Ext:

Email:

Anticipated Weekly Order Volume (Required – select one) \$50-\$150 \$150-\$500 \$500+

Please complete the following information in full. Your credit application will be processed within 5 business days of receipt. (If you have this information together in a document, you may attach that document in lieu of completing this form.)

DUNS Number:

Bank Reference

Bank Name:	
Branch:	
Contact First Name:	
Contact Last Name:	
Checking Account #:	
Savings Account #:	
Phone:	Ext.

Trade Reference (1)

Business Name:	
Contact First Name:	
Contact Last Name:	
Physical Address:	
City: State: Zip:	
Phone:	Ext.:

Trade Reference (2)

Business Name:	
Contact First Name:	
Contact Last Name:	
Physical Address:	
City: State: Zip:	
Phone:	Ext:

Has your company ever filed for bankruptcy? (Bold or circle one) No Yes

If Yes, Reason:

IF CREDIT IS EXTENDED AS A RESULT OF THIS APPLICATION, YOU HEREBY ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

All accounts owed are due immediately upon receipt of invoice unless other terms have been arranged in writing with Cater Nation's credit department. If payment is not received within 30 days of invoice date, your account will be considered delinquent, and subject to loss of credit privileges. Additionally, a 1.5% finance fee will be applied monthly for the total amount outstanding.

In the event it is necessary to commence collection activities, you agree to pay collections agency fees and/or reasonable attorney fees, and all court costs. By submitting this application, you agree to allow Cater Nation to contact (if provided) your credit card provider, bank, and/or trade references to verify credit worthiness. All information is considered confidential and will be used for the sole purpose of obtaining credit from Cater Nation.

Signature: _____

Date: _____

Print Name: _____

**Please Complete Form, Print, Sign, and Fax to: Cater Nation Credit Manager at
1 (888) 880-9374.**