



Tel 951.296.9888

Fax 951.296.9880

Email sales@ultimateeaters.com

P.O. Box 890351 Temecula, CA 92589

Application for Open Account

PLEASE COMPLETE ENTIRE APPLICATION, OMISSIONS WILL ONLY DELAY PROCESSING OF YOUR APPLICATION

Firm Name _____ DBA _____

Tel _____ Fax _____ Email _____

Mailing Address _____

Shipping Address _____

PLEASE LIST ALL OWNERS, PARTNERS, AND/OR RESPONSIBLE PARTIES

Name _____ Name _____

Title _____ Title _____

Address _____ Address _____

Type of Business (check one) CORPORATION PARTNERSHIP SOLE PROPRIETOR

Years in Business _____ RESALE NO. _____ FEDERAL ID NO. _____

TRADE REFERENCES

Business Name _____ Business Name _____

Contact Person _____ Contact Person _____

Account No. _____ Account No. _____

Address _____ Address _____

Tel _____ Fax _____ Tel _____ Fax _____

BANK REFERENCES

Bank Name _____ Account No. _____

Contact Person _____ Tel _____

Address _____ Fax _____

The signature below authorizes credit information to be provided upon presentation by trade or bank references as provided by applicants. This constitutes notice under truth in lending act that any accounts remaining unpaid after 10 days are subject to 1 1/2% per month interest and late fees.

SIGNED (Company Name)

BY (Name & Title)

DATE



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Credit Application Authorization Form

The signature below authorizes credit information to be provided upon presentation by trade or bank references as provided by applicants. This constitutes notice under truth in lending act that any accounts remaining unpaid after 10 days are subject to 1 1/2% per month interest and late fees.

I _____, authorize The ULTIMATE Eaters® to request credit information

SIGNATURE

DATE