



## CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Company address:		How long at current address?	
City:	State:	ZIP Code:	
Accounting dept contact name:			
Telephone:	Fax:	E-mail:	
Date business commenced:		Tax ID#:	Resale Cert #:
Sole proprietorship:	Partnership:	Corporation:	D & B #:
BUSINESS AND CREDIT INFORMATION			
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Checking			
BUSINESS/TRADE REFERENCES			
Company name:		Contact name:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:		Contact name:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:		Contact name:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
AGREEMENT			
<ol style="list-style-type: none"> <li>1. By submitting this application, you authorize <b>Indo European Foods</b> to make inquiries into the banking and business/trade references that you have supplied.</li> <li>2. If credit is approved all invoices are to be paid 30 days from the date of the invoice.</li> <li>3. You agree to pay 1.5 % / Month finance charge on balance over 31 days, plus any reasonable attorney fees and costs in case of default in payment by you.</li> <li>4. Claims arising from invoices must be made within seven working days.</li> </ol>			
SIGNATURES (owner/authorizer signers only)			
Name:		Title:	
Signature:		Date:	