



FRESHWAY DISTRIBUTORS, LLC

BUSINESS CREDIT APPLICATION

PHONE: 516-870-3320

EMAIL: SALES@FRESHWAY.COM

FAX: 651-234-8216

PLEASE PRINT ALL INFORMATION

Company Name:

Main Contact:

E-mail for Main Contact:

Address:

Town/City, State, Zip Code

Phone: Fax:

Type of Business (Corporation, Individual, Partnership):

Year Business Started

Name of Principal: Title:

BUSINESS BANKING

Name of Bank:

Branch:

Branch Address:

Branch Phone:

Account Number:

Account Officer Name:

List below names, addresses and telephone numbers of those currently extending business credit to you:

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE	FAX
1				
2				
3				

I certify that if FRESHWAY DISTRIBUTORS, LLC grants me credit, I will abide by its terms of payment, and if placed for collection/litigation, I will pay ALL legal fees as prescribed by the Civil Laws of New York State.

Signature, Title, Date

Please Print:

www.Freshway.com