

**BUSINESS CREDIT APPLICATION**  
**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, INC. 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: