

**JAMAC FROZEN FOOD CORP.  
APPLICATION FOR CREDIT  
201) 333-6200 FAX: (201) 985-1580**

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_  
TRADE NAME \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
(IF DIFFERENT) \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_  
YEAR BUSINESS STARTED \_\_\_\_\_  
A/P CONTACT \_\_\_\_\_  
PURCHASING CONTACT \_\_\_\_\_

**TYPE OF ORGANIZATION**

\_\_\_ PRIVATE CORPORATION \_\_\_\_\_ PARTNERSHIP  
\_\_\_ PUBLIC CORPORATION \_\_\_\_\_ INDIVIDUAL

**OFFICERS**

NAME	POSITION	HOME ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BANKING REFERENCES (INCLUDE: ACCT. # TELEPHONE# & CONTACT)**

1<sup>ST</sup> BANK \_\_\_\_\_  
2<sup>ND</sup> BANK \_\_\_\_\_

**TRADE REFERENCES**

NAME	ADDRESS	PHONE
1 <sup>ST</sup> SUPPLIER _____	_____	_____
2 <sup>ND</sup> SUPPLIER _____	_____	_____
3 <sup>RD</sup> SUPPLIER _____	_____	_____

**CREDIT LIMIT REQUESTED** \_\_\_\_\_

In making this application for credit, the customer agrees to pay all invoices within the terms established by JAMAC Frozen Food Corp. and to pay a service charge of 1 and ½% per month, on all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney fees and costs including other collection agents' fees.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_