

STORE # FOR STORE USE ONLY

Application for Credit

Terms and Conditions of Credit Agreement

PLEASE TYPE OR PRINT.

Incomplete or illegible forms will delay processing and may result in a decline of credit.

We require an original signature for our records; therefore, we will not establish an account from a faxed or photocopied document.

SMART FOODSERVICE

Phone (800) 269-7897 P.O. Box 910948, Los Angeles, CA 90091-0948

Legal Business Name	DBA		
Business Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Business Phone ()	Fax ()	Federal Taxpayer #	Resale #
Email to Request Payment:			
Ownership (please check one) Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/>			
Type of Business	SIC Code(s)	DUNS #	
Date Business Started: MM/DD/YYYY	How long at this address?		
Business Property (please check one)	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	
Name of Mortgagor or Lessor	Phone ()		
Mortgagor's/Lessor's Address	City	State	Zip Code

Who can we contact for payment? Name	Phone ()
Shall we issue charge cards OR will you <u>only</u> be using Purchase Orders (PO)? (CHECK ONE) Issue Cards <input type="checkbox"/> PO only <input type="checkbox"/>	
Please indicate how much you estimate your monthly purchases with Smart Foodservice \$	

Please complete the following information for all corporate officers, partners or owners. If more than two, please list on a separate sheet and attach.

Name and Title	Name and Title
Home Address	Home Address
City State Zip Code	City State Zip Code
Home Phone ()	Home Phone ()
Driver License # State Issued	Driver License # State Issued
Social Security #	Social Security #

BANK INFORMATION

Bank Name	Account #
Address	City
Branch	Phone ()

MAJOR TRADE REFERENCES:

Name	Mailing Address, City, State, Zip Code	Phone #
1.		()
2.		()
3.		()

Do you or any affiliates have an existing account with Smart Foodservice? If YES, please provide the following information

Name account carried under:	Account #
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PLEASE BE SURE TO COMPLETE BOTH SIDES

