



CREDIT APPLICATION

Applicant: _____

This Credit Application and Agreement is made for the purpose of inducing those individual Vendors to extend credit accommodations to the Applicant and the individual properties for which Applicant has management responsibility.

SHIPPING AND BILLING INFORMATION

SHIP TO:	BILL TO:
Applicant Legal Name (INC, LLC, LP)	<input type="checkbox"/> Check Here if Billing Address is Same as Delivery Address
Trade Name/Doing Business As	Billing Address
Delivery Address (Attach Location Sheet If More Than One)	City State/Province Zip
City State/Province Zip	Country
County Country	Accounts Payable Contact
Phone Number	E-mail Address Fax Number

OWNERSHIP INFORMATION

Corporation
 Limited Liability Company (LLC)
 Limited Partnership (LP)
 Proprietorship
 Non-Profit
 Government
 Other _____
Government Funded
 Yes
 No _____ % of Revenue Gov't Funded
Medicaid/Medicare Funded?
 Yes
 No _____ % of Revenue Med Funded
State of Formation: _____
Federal ID Number: _____
Building/Facility:
 Owned
 Leased
Date Business Opened or Ownership Changed: _____

OWNER/OFFICER/AUTHORIZED CORPORATE AGENT INFORMATION

_____ Name	_____ Name	_____ Name
_____ Social Security Number	_____ Social Security Number	_____ Social Security Number
_____ Title	_____ Title	_____ Title
_____ Home Address	_____ Home Address	_____ Home Address
_____ City, State, Zip	_____ City, State, Zip	_____ City, State, Zip
_____ Driver's License Number	_____ Driver's License Number	_____ Driver's License Number
_____ Home Phone Number	_____ Home Phone Number	_____ Home Phone Number
_____ Cell Phone Number	_____ Cell Phone Number	_____ Cell Phone Number

CREDIT REFERENCES

Vendor Name (Present Supplier)	Account Number	City/State	Phone Number
Vendor Name	Account Number	City/State	Phone Number
Vendor Name	Account Number	City/State	Phone Number

BANK AND BUSINESS REFERENCES

<hr/> Bank	<hr/> Account Number	<hr/> Contact name	<hr/> Phone Number
<hr/> Checking Account #		<hr/> Loan Account #	
DO YOU HAVE ANY OTHER EXISTING BUSINESSES: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach list if more than one business)		DO YOU HAVE EXISTING OR PRIOR ACCOUNTS? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach list if more than one business)	
<hr/> Business Name	<hr/> Business Name	<hr/> Business Name	<hr/> Business Name
<hr/> Address	<hr/> City/State	<hr/> Address	<hr/> City/State

- DOCUMENTATION REQUESTS: 1) RESALE OR EXEMPT TAX CERTIFICATE (TAX WILL BE CHARGED WITHOUT THESE DOCUMENTS)
 2) YOUR MOST RECENT TWO YEARS FINANCIAL STATEMENTS

Applicant hereby certifies that the information furnished in this Application and furnished herewith is true, correct and complete and is being furnished to Vendor for the purpose of inducing Vendor to extend credit to Applicant, and understands that Vendor intends to rely on such information. Applicant represents and warrants that it is solvent, generally able to pay its debts as they become due, and has capital sufficient to carry on its business. Applicant agrees to promptly advise Partner and Vendor of any material change in the information herein provided, including but not limited to change of ownership, address or telephone. Partner and Vendor will retain this Application whether or not Applicant is approved by the Vendor. Applicant hereby authorizes Partner and/or Vendor to check from time to time Applicant’s business and owners’ personal credit history and trade, bank and personal references (whether or not listed in this Application) for customary credit information , to confirm the information contained in this Application, including but not limited to sending a copy hereof to the trade, bank and personal references, and to release information to other creditors regarding Applicant’s credit experience with Vendor.

Applicant agrees to pay interest in the amount of 1½ % per month, or the maximum rate, if less, that Applicant may lawfully contract to pay, on any payment past due. Applicant agrees to pay all costs of collection, including reasonable attorney’s fees and expenses, should a default in payment occur. In the event of a returned check, a charge of \$25 will be billed, provided this charge does not violate any laws of the applicable jurisdiction. Applicant agrees to neither order nor accept goods from Vendor while Applicant is insolvent within the meaning of § 1-201(23) of the UCC. Every order placed, or delivery accepted, while the Applicant is insolvent shall constitute a written misrepresentation of solvency to Vendor within the meaning of § 2-702(2) of the UCC.

As a condition precedent to the granting of any credit to Applicant at any time, Vendor expressly reserves the right to require Applicant, or its principal owners, shareholders, partners or other beneficiaries, to execute and deliver a personal guaranty in form acceptable to Vendor and which guarantees the payment by Applicant to Vendor of all amounts due and owing from time to time. Upon approval of this Application, Vendor in its sole discretion will assign Applicant a maximum credit limit and credit terms and shall have the right to increase, decrease or terminate Applicant’s credit privileges at any time without prior notice to Applicant. If this Application is not approved in full or if any other adverse action is taken with respect to Applicant’s credit with Vendor, Applicant has the right to request within 60 days of Vendor’s notification of such adverse action, a statement of specific reasons for such action, which statement will be provided within 30 days of such request.

The federal Equal Credit Opportunity Customer Unity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided that Applicant has the capacity to enter into a binding contract), because all or part of Applicant’s income derives from public assistance programs, or because Applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with

Applicant: _____
Date: _____
By: _____
Print Name: _____
Title: _____

Complete and fax to 480-629-6654, scan and email to: NationalCredit@usfoods.com or mail to:
US Foods Attn: Credit Department 9399 West Higgins Road Rosemont, IL 60018