

APPLICATION FOR CREDIT

CUSTOMER ID _____

TERMS _____

SALES CODE _____



Your distributor of
Golbon
Quality foodservice products!

NAME OF FIRM OR INDIVIDUAL _____

****RESALE #****

ADDRESS _____

YEARS AT ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

Social Security No. _____ DOB _____ Driver's License No. _____

HEREBY applies for credit in accordance with the terms and conditions of:

Toppa's Foodservice & Paper Supply
P.O. Box 6008
Middletown, RI 02842
(401) 841-0511

FAX: (401) 849-9521

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP

Corporation Check here if incorporated within the past 12 months Partnership Individual

1. _____
NAMES OF PRINCIPAL(S) ADDRESS PHONE

2. _____

FINANCE

BANK _____ BANK ADDRESS _____

BANK OFFICER OR DEPARTMENT _____ PHONE _____

REFERENCES

1. _____
BUSINESS NAME COMPLETE ADDRESS ZIP ****PHONE****

2. _____

3. _____

4. _____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed _____

Print _____

Date _____