

Peck Distributors, Inc.
 17000 Rockside Road
 Maple Heights, OH 44125
 (800) 732-7325
 Peckfoodservice.com

INTERNAL USE ONLY

Customer # _____

AR Initials _____

Credit approval _____

Customer Info, Credit Application and Agreement

Please type or print legibly

CUSTOMER INFORMATION

Legal Company Name _____	Type of Entity (Corp., Partnership, LLC) _____
State of Organization _____	Charter # _____
Date Started _____	DBAs and Trade names _____
EIN / Tax ID _____	Parent Company / Affiliated Business (if applicable) _____
Company Mailing Address _____	City, State, Zip _____
Delivery Address _____	City, State, Zip _____
Company Main Phone # _____	Website(s) _____
General e-mail _____	Fax # _____

Customer agrees to promptly notify Peck Distributors, Inc. ("Peck") of any changes in the Customer Information provided above. Customer acknowledges receipt and review of Peck's Terms and Conditions of Sale and agrees to abide by said terms and conditions. Customer certifies that all information provided above and in the Credit Application is correct to the best of the customer's knowledge. Customer authorizes Peck to make inquiry with credit reporting agencies relative to Customer's current or former obligations and authorizes the release of credit and banking information to Peck from the Credit References listed below.

The individual signing below hereby represents and warrants that s/he is duly authorized to execute and deliver this Agreement on behalf of the Company and that this Agreement is binding upon the Company in accordance with its terms.

 /s/
 Signature of Authorized Representative

 Date

 Print Name and Title

CREDIT APPLICATION

Estimated Monthly Purchases _____	Credit Limit Desired _____
DUNS # (if known) _____	Accounts Payable (AP) Contact Person _____
AP Contact e-mail _____	AP Contact Phone _____
Number of Employees _____	Annual Gross Sales \$ _____
First Owner / Partner (Principal) Name _____	First Principal's SSN _____
First Principal's Phone # _____	First Principal's e-mail _____
Second Principal's Name # _____	Second Principal's SSN _____
Second Principal's Phone _____	Second Principal's e-mail _____
Has the company ever filed for bankruptcy? _____	Has the company ever been in receivership? _____
Has the company been sued in the past 24 months? _____	Has any above Principal ever filed for bankruptcy? _____

CREDIT REFERENCES

Vendor 1 _____	Account # _____	Yrs. doing business _____
Address _____	City, State _____	Zip _____
Name / Contact _____	Phone _____	E-mail _____
Vendor 2 _____	Account # _____	Yrs. doing business _____
Address _____	City, State _____	Zip _____
Name / Contact _____	Phone _____	E-mail _____
Vendor 3 _____	Account # _____	Yrs. doing business _____
Address _____	City, State _____	Zip _____
Name / Contact _____	Phone _____	E-mail _____