

# PECK FOOD SERVICE

17000 ROCKSIDE RD., BLDG. C MAPLE HTS., OH 44137 (216-587-6814)

CREDIT APPLICATION\*\*CONFIDENTIAL

I AGREE TO PAY ATTORNEY FEES AND COURT COSTS SHOULD THEY BECOME NECESSARY FOR THE COLLECTION OF THIS ACCOUNT.

LEGAL NAME of CORP., PARTNERSHIP or PROPRIETORSHIP:

DBA:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If a subsidiary, name and address of parent company:

ORGANIZATION TYPE: Partnership \_\_\_\_\_ Individual proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ \*\*\* If a Corporation: State incorporated in: \_\_\_\_\_ Date incorporated: \_\_\_\_\_ Years in existence: \_\_\_\_\_

Principals: Name \_\_\_\_\_ Home Address & Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_ Position \_\_\_\_\_

A.

B.

C.

AUTHORIZED INDIVIDUALS / TO ENTER INTO CONTRACTS ON BEHALF OF THE COMPANY:

Name \_\_\_\_\_ Title \_\_\_\_\_ # of Signatures Required: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ One \_\_\_\_\_ Two \_\_\_\_\_

CREDIT REFERENCES: (PLEASE INCLUDE DAIRY SUPPLIER IF APPLICABLE)

1. Bank	Acct.#	Phone#
Address	City	State Zip
2. Supplier	Acct.#	Phone#
Address	City	State Zip
3. Supplier	Acct.#	Phone#
Address	City	State Zip
4. Supplier	Acct.#	Phone#
Address	City	State Zip
5. Supplier	Acct.#	Phone#
Address	City	State Zip

## PERSONAL GUARANTEE

The undersigned certifies that the above information is true and correct and authorize you to verify this information and/or obtain additional information from credit reporting agencies to verify or supplement the provided information. In consideration for the credit extended to the above-listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation.

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

\* THIS COPY of this application must be COMPLETED AND SIGNED for credit to be extended\* NO FAXES\*