



# CREDIT APPLICATION

to AllPoints Foodservice Parts & Supplies

(Please Read Policy Statement on page 2)

COMPANY

Name of Company \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
 City, State, Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_

OWNERSHIP

*The following information must be completed in full; it will be held in strictest confidence.*

Type of Business:  Service  Equipment Dealer  Other (Please Specify) \_\_\_\_\_  
 Resale Tax Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  Corporation  Partnership  Individual \_\_\_\_\_ Business Start Date \_\_\_\_\_  
 Include Copy of Certificate  Check Here if Incorporated Within the Last 12 Months.  
 Name of Principal(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City, State, Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_  
 Estimated Yearly Dollar Amount to be Purchased: \$ \_\_\_\_\_ Name of Person(s) Authorized to Purchase \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_

FINANCE

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_  
 Bank Address \_\_\_\_\_  
 City, State, Postal Code \_\_\_\_\_ Bank Contact \_\_\_\_\_  
 Banked Here Since (Date) \_\_\_\_\_ D & B Number \_\_\_\_\_ Checking Account Number \_\_\_\_\_

*References should be from inventory suppliers. Must be completed in-full to be processed. Please include fax number.*

REFERENCES

1. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
 City, State, Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_  
 Account Number \_\_\_\_\_

2. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
 City, State, Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_  
 Account Number \_\_\_\_\_

3. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
 City, State, Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_  
 Account Number \_\_\_\_\_

4. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
 City, State, Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_  
 Account Number \_\_\_\_\_

Please Check if **Credit Card** or **COD** Shipments are Acceptable Until Credit is Approved.

Applicant agrees to pay AllPoints invoices within AllPoints terms (net 15 days). In the event the account becomes past due applicant agrees to pay all costs associated with collecting the account. I certify that all the information on this form is correct; further, I fully understand AllPoints credit terms and agree to those terms in consideration of extended credit.

Applicant agrees to authorize financial institution to release to AllPoints such information as is necessary and appropriate in the establishment for an open line of credit.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

**Send Att: Credit Department via Fax at: 1-847-919-4652 or email to: AR@AllPointsFPS.com**

09/2018

For Office Use Only

References Checked by	Credit Approved by	Credit Limit	Date Approved	Customer Number
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