

Schiff's Food Service, Inc.

7 Stauffer Industrial Park • Taylor, PA 18517

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**SUPPLYING FOODSERVICE SOLUTIONS**

SCHIFF'S FOOD SERVICE, INC.

BUSINESS APPLICATION**DELIVERY INFORMATION**

Account #: _____ Salesperson: _____ Date: _____

Trade Name: _____

Buyer: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

County: _____ Special Instructions: _____

BILLING INFORMATION**Bill To:** _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

CREDIT INFORMATIONHow long in business? _____ Have you ever been bankrupt? Yes _____ No _____
Check one: Sole Owner _____ Partnership _____ Corporation _____

Legal name of business ("Customer"): _____ FIN # / EIN #: _____

Owner(s): _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Owner(s): _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

CREDIT REFERENCES

Bank: _____ Checking Account #: _____ Address: _____

Mortgage Holder: _____ Address: _____

Landlord: _____ Address: _____

Trade Reference – Name: _____

Address: _____ Phone: _____

Current Food Distributor – Name: _____

Address: _____ Phone: _____

Current Food Distributor – Name: _____

Address: _____ Phone: _____

CREDIT REQUEST

Terms Requested (Normal terms: 7 days): _____ Credit Limit Requested: _____

All of the information given on this application is true, correct, and complete. I agree that credit inquiries can be made to verify any information regarding credit status. As part of the credit investigation process, Schiff Food Service, Inc. may request a credit report in connection with this application for credit, or any credit update or renewal. Upon request Schiff's Food Service, Inc. will tell me whether or not a consumer report was obtained and if such a report was obtained. Schiff's Food Service, Inc. will furnish me with the name and address of the consumer reporting agency. I agree that Schiff's Food Service may retain this application whether or not credit is approved.

Date: _____ Signature (also required on reverse side): _____

OFFICE USE ONLY

Credit terms approved: _____ Credit limit approved: _____ Approved by: _____ Date: _____

