



Hotel & Restaurant Supply

5020 Arundel Road
Meridian, MS 39307

Phone: (601)482-7127 / Fax: (601)482-7170

Sales Person: _____
Sales #: _____

Credit Application

GENERAL INFORMATION

Legal name of Business:	Trade Name of Business:
Bill to Address:	Ship to Address:
City, State, Zip	City, State, Zip:
County	County
Phone Number	Fax Number
Accounts Payable Contact	Accounts Payable Email
Email address for delivery of invoices/statments	

* Invoices and statements are only sent electronically. Please provide a designated email account.

PROPRIETOR, PARTNERS OR CORPORATE OFFICERS* (Please provide alternate address where we can reach you.)

Name	1	2	3
Title			
Address			
City, State, Zip			
Email			
Social Security #			

* By signing this credit application, I authorize the person(s) listed on this credit application to carry out security related duties for the company. Social Security number required in order to carry out security-related duties for the company.

Description Of Business	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Federal ID #
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Incorporation Date	State	If Subsidiary, Name of Parent Company
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Sales Tax Exempt (documentation must be presented before exempt status given)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Banking Information	Bank Name	Officer	
Address		Phone	
City, State, Zip		Fax	
Checking Account #	Average Monthly Balance	Loan Account #	Balance

Trade References

Reference #1	Company Name	Account #	
Address		Contact Name	
City	State	Zip	Phone
Reference #2	Company Name	Account #	
Address		Contact Name	
City	State	Zip	Phone
Reference #3	Company Name	Account #	
Address		Contact Name	
City	State	Zip	Phone

Credit Information	Credit Line Requested \$
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Financial Statement Enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Required if credit line requested is more than \$15,000
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Listed in Dun & Bradstreet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is yes, please list Dun & Bradstreet #
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Type of Business	<input type="checkbox"/> Restaurant <input type="checkbox"/> General Contractor <input type="checkbox"/> Hospital	Bld/Facility
<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Food Service Management <input type="checkbox"/> Property Management	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented	
<input type="checkbox"/> Nursing Home <input type="checkbox"/> Church <input type="checkbox"/> Other: _____	Mortgage holder/Landlord (Name):	

Permission is hereby granted to obtain credit information from listed credit references including my bank. All financial information submitted in support of this new account and credit application is true and complete in all respects. My account is subject to a late charge of 1.5% per month (18% annual) on all past due invoices. Furthermore, I understand that my account may be turned off if my account is past due and that any collection fees (including attorney fees) incurred by Hotel & Restaurant Supply, which the parties hereby fix at 33 1/3% of any balance due plus court costs, will be borne by my account. By signing this credit application, I certify that I am authorized to make this request on behalf of the company and it is agreed that all purchases will be paid in accordance with the terms and conditions.

I assume personal and individual responsibility and liability, as well as guarantee payment of all charges due and payable to Hotel & Restaurant

Supply by the company listed here-in. I hereby consent and authorize the use of my consumer credit report in the credit evaluation process.

Signature of Proprietor, Partner or Corporate Officer: _____	Date: _____
Print Name: _____	
Signature of Witness: _____	Date: _____
Print Name: _____	