Master Purveyors, Inc.
Specializing in Prime Meats

CREDIT APPLICATION

355 Food Center Drive, Bronx, NY 10474 ▪ Tel: 718-542-1000 ▪ Fax: 718-542-3407

Attention: _____ Date: _____

Applying for: ☐ 28 days credit ☐ 21 days credit ☐ 14 days credit ☐ 7 days credit ☐ COD

Name of Firm or Individual: _____ Phone: _____

Billing Address:_____

City: _____ State: _____ Zip: _____

Years at this Address: _____ Years left on Lease: _____

☐ Corporation EIN#_____ ☐ Check here if incorporated within the past 12 months

☐ Partnership ☐ Individual SS#_____

1._____
Name of Principals Address State Zip Phone

2._____
Name of Principals Address State Zip Phone

3._____
Name of Principals Address State Zip Phone

BANK REFERENCE

Bank Name: _____ Phone: _____ Fax: _____

Address: _____ City_____ State _____ Zip _____

Bank Officer or Department: _____

Contact Name: _____ Account#: _____

BUSINESS and/or TRADE REFERENCE (LIQUOR COMPANIES WILL NOT BE ACCEPTED AS REFERENCE)

1. Company Name: _____ Phone: _____

Address: _____ City_____ State _____ Zip _____

2. Company Name: _____ Phone: _____

Address: _____ City_____ State _____ Zip _____

3. Company Name: _____ Phone: _____

Address: _____ City_____ State _____ Zip _____

ACCOUNTING DEPARTMENT

Person in Charge of Payment: _____Title:_____

Phone: _____ Fax: _____ Email: _____

Hours of Operation: ☐ Monday: _____ to _____ Lunch hour at: _____

☐ Tuesday: _____ to _____ Lunch hour at: _____

☐ Wednesday: _____ to _____ Lunch hour at: _____

☐ Thursday: _____ to _____ Lunch hour at: _____

☐ Friday: _____ to _____ Lunch hour at: _____

Alternate Contact Phone numbers:

Name: _____Title: _____ #: _____

Name: _____Title: _____ #: _____

Name: _____Title: _____ #: _____

TERMS AND CONDITIONS:

Pursuant to the terms and conditions of sale, at the time of sale of each delivery, purchaser is required to execute, acknowledge and deliver back to Master Purveyors, Inc. ("Meat Vendor") a sales invoice which will confirm receipt of the product and comply with the terms and understanding of said invoices (the "Invoice") presented by Meat Vendor. Under the conditions of the sale Meat Vendor is not required to perform it's obligations unless this continuing guarantee is executed and acknowledged by Purchaser that all sales are made pursuant to an agreement between Master Purveyors, Inc. and Purchaser that Purchaser will pay to Master Purveyors, Inc. the following: a) all costs and expenses; including attorney's fees which are incurred in attempting to collect from Purchaser the amount of this invoice by reason of non-payment when due. Said attorney's fees are computed at twenty percent (20%) of the due amount and recoverable with the amount of the invoice, plus a credit service charge of one half percent (1/2%) per month on past due amounts. In addition, and in consideration for receiving the meat, and as an inducement to receive the Meat Vendor's performance of it's obligations at the time of sale, the undersigned warrants and represents that the undersigned hereby irrevocably and unconditionally guarantees the due and punctual payment, performance and fulfillment of all of the obligations, including, without limitation, the due and punctual payment of the balances due on the invoices, whether or not any installment or payment was partially paid according to the terms of the invoice.

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS ACCURATED AND CORRECT AND ACCEPT THE TERMS AND CONDITIONS OF DOING BUSINESS WITH MASTER PURVEYORS, INC.

Signture: _____ Print Name: _____ Date: _____

PLEASE DO NOT WRITE IN SPACE BELOW

_____

References Checked by:

Credit has been:

Approved Refused

_____

Date

Master Purveyors, Inc.
Specializing in Prime Meats

Bank Reference

355 Food Center Drive, Bronx, NY 10474 ▪ Tel: 718-542-1000 ▪ Fax: 718-542-3407

TO: DATE:

ATTENTION: CREDIT RATING

FAX #: TEL#:

FROM:

ACCOUNT (NAME OF FIRM OR INDIVIDUAL):

CHECKING ACCT #: _____ SAVINGS ACCT#: _____

The above referenced account has applied to us for a line of credit and has listed your bank as a reference. We would appreciate, if you would provide the information below. Please be advised, all the information will be kept strictly confidential.

Thank you for your assistance and prompt attention to this request.

Darryl Jones
Credit Manager

CHECKING ACCOUNT

Account Open: _____

Current Balance _____

Average Balance _____

Any NSF Checks? ☐ YES ☐ NO

How Many? (If yes)_____

LOAN RELATIONSHIP ☐ **YES** ☐ **NO**

Line of Credit: _____

Date Opened: _____

Secured? ☐ YES ☐ NO

Outstanding Balance:_____

Rating:_____

Remarks / Comments: _____

Completed by: _____ Date: _____

I hereby authorize the release of any and all information, requested, at any time, to Master Purveyors, Inc.

Signature: _____ Print Name: _____ Date:_____

PLEASE RETURN BY FAX 718.542.3407 or E-mail to **credit@masterpurveyors.com**