

COMMERCIAL CREDIT APPLICATION

Indicates REQUIRED FIELD or enter NA - FORM WILL BE REJECTED IF NOT COMPLETED

Company Name (doing business as name):

Billing Address: City: State: Zip Code:

Street Address: City: State: Zip Code:

Phone #: Fax #: DUNS #: Web/Email Address:

Ownership | Year Business Established: Years Under Present Management:

Sole Proprietorship Partnership Corporation LLC Subsidiary of

Business License #: Resale Certificate #:

Names of Principals, Titles, & Addresses:

1. Name: Title: Phone #: Email:

2. Name: Title: Phone #: Email:

Accounts Payable Contacts: (Provide at least 1)

1. Name: Title: Phone #: Email:

2. Name: Title: Phone #: Email:

Invoice Recipients: (Provide at least 1)

1. Name: Title: Phone #: Email:

2. Name: Title: Phone #: Email:

Invoice Delivery Method:

Email Address Mailing Address

Bank References:

Name: Branch #: Phone #: Fax #:

Bank Officer: Address:

Trade References (Major local suppliers preferred):

1. Firm Name: Contact: Phone #: Fax #:

2. Firm Name: Contact: Phone #: Fax #:

3. Firm Name: Contact: Phone #: Fax #:

4. Firm Name: Contact: Phone #: Fax #:

Payment Terms & Credit Limit:

Requested Payment Terms: Requested Credit Limit: \$

Terms:

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for extending credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. In consideration for the extension of credit, said business promises to pay for all purchases with the terms agreed and fully understands terms and conditions of sale as shown on our invoices which supersede all agreements previously made on purchase orders submitted to and accepted by Anthony. Sales tax will be charged to the account if a resale certificate is not supplied on the company's behalf. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all cost of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Signature: Title: Date:

(Owner/Officer)

Signature: Title: Date:

(Owner/Officer)

**** PLEASE TYPE OR PRINT ALL INFORMATION / PLEASE PROVIDE ALL PHONE & FAX NUMBERS ****

COMMERCIAL CREDIT RELEASE

Company Name:

Address:

City: **State:** **Zip:**

To Whom It May Concern:

With this letter, I hereby authorize you to release the credit information requested by Anthony, Inc. and Subsidiaries.

Signature: **Date:**

Note: Any and all credit information given to Anthony, Inc. is held in strictest confidence.

Please fax back to:
Credit Department
808-365-6196

or email to:
newcustomersetup@doverfoodretail.com

SALES TAX RULES AND REGULATIONS
RESALE CERTIFICATE

Firm Name:

I hereby certify, that I hold a valid seller's permit No. for the state of

issued pursuant to the Sales and Use Tax Law, that I am engaged in the business of selling:

Or,

I certify that I do not have nexus in the state of , therefore am not required to register as a retail merchant in this state.

The tangible personal property described herein which I shall purchase from:

Anthony and Subsidiaries

will be resold by me in the form of tangible personal property: Provided however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business. It is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased:

Date:

Print Name:

Address:

Signature:

Phone:

Title:

Please fax back to:
Credit Department
808-365-6196

or email to:
newcustomersetup@doverfoodretail.com