

D. BRICKMAN, INC.

CREDIT APPLICATION

APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL

DBA

SHIP TO ADDRESS

BILLING ADDRESS (IF DIFFERENT THAN ONE ABOVE)

PHONE NUMBER

FAX NUMBER

EMAIL

YEARS IN BUSINESS

CELL PHONE NUMBER

OWNERSHIP

TYPE OF BUSINESS (PROPRIETOR, PARTNERSHIP, CORPORATION)

NAME OF PRINCIPAL

ADDRESS

PHONE #

TITLE

NAME OF PRINCIPAL

ADDRESS

PHONE #

TITLE

NAME OF PRINCIPAL

ADDRESS

PHONE #

TITLE



D. BRICKMAN, INC.

CREDIT APPLICATION

TRADE REFERENCES (PREFERABLY FOOD DISTRIBUTORS)

COMPANY NAME

COMPANY NAME

ADDRESS

ADDRESS

PHONE # / FAX #

PHONE # / FAX #

BANKING INFORMATION

BANK NAME

ACCOUNT NUMBER

ADDRESS

CONTACT REPRESENTATIVE

PHONE #

FAX #

SPECIAL INSTRUCTIONS

DELIVERY WINDOW

OTHER SPECIFIED NEEDS

DESIRED TERMS

I/We authorize D. Brickman, Inc. to conduct a credit verification/check on my/our business for the purpose of applying for credit. I/We personally guarantee to pay for all purchases within the terms of sale D. Brickman, Inc. has stated on every bill of sale (invoice). The undersigned states that all the above information is true and complete in order to obtain product and/or services from D. Brickman, Inc.

SIGNATURE: _____

TITLE: _____

DATE: _____

