

References  
Checked by

Credit  
Approved by

Credit  
Limit

Date  
Approved

Customer  
Number

## APPLICATION FOR CREDIT to AllPoints Foodservice Parts & Supplies

(Please Read Policy Statement – Page vii)

Download this form at  
[www.AllPointsFPS.com](http://www.AllPointsFPS.com)

**COMPANY**

\_\_\_\_\_  
Name of Company ( ) Telephone \_\_\_\_\_

\_\_\_\_\_  
Address ( ) Fax Number \_\_\_\_\_

\_\_\_\_\_  
City State Postal Code Email Address \_\_\_\_\_

**OWNERSHIP**

*The following information must be completed in full; it will be held in strictest confidence.*

Type of Business:  Service  Equipment Dealer  Other (Please Specify) \_\_\_\_\_

Resale Tax Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  Corporation  Partnership  Individual \_\_\_\_\_  
Business Start Date \_\_\_\_\_

Include Copy of Certificate  Check Here if Incorporated Within the Last 12 Months. \_\_\_\_\_

\_\_\_\_\_  
Name of Principal(s) Address Telephone \_\_\_\_\_

\_\_\_\_\_  
City State Postal Code \_\_\_\_\_

Estimated Yearly Dollar Amount to be Purchased: \$ \_\_\_\_\_ Name of Person(s) Authorized to Purchase: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_

**FINANCE**

\_\_\_\_\_  
Bank Name ( ) Bank Phone Number \_\_\_\_\_

\_\_\_\_\_  
Bank Address City State Postal Code Bank Contact \_\_\_\_\_

\_\_\_\_\_  
Banked Here Since (Date) D & B Number Checking Account Number \_\_\_\_\_

**REFERENCES**

*References should be from inventory suppliers. (Fax numbers and email addresses expedite processing)  
References are contacted via fax/email or U.S. mail. Please allow 2-3 weeks for processing without fax numbers or email addresses.*

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Company Name Address Telephone Account Number  
\_\_\_\_\_  
City State Postal Code Fax Number / Email \_\_\_\_\_

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Company Name Address Telephone Account Number  
\_\_\_\_\_  
City State Postal Code Fax Number / Email \_\_\_\_\_

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Company Name Address Telephone Account Number  
\_\_\_\_\_  
City State Postal Code Fax Number / Email \_\_\_\_\_

4. \_\_\_\_\_ ( ) \_\_\_\_\_  
Company Name Address Telephone Account Number  
\_\_\_\_\_  
City State Postal Code Fax Number / Email \_\_\_\_\_

Please Check if **Credit Card** or **COD** Shipments are Acceptable Until Credit is Approved.

Applicant agrees to pay AllPoints invoices within AllPoints terms (net 15 days). In the event the account becomes past due applicant agrees to pay all costs associated with collecting the account. I certify that all the information on this form is correct; further, I fully understand AllPoints credit terms and agree to those terms in consideration of extended credit.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

**Fax to AllPoints at 1-866-669-7186 – Attention Credit Department or  
email to: [acctsrec@AllPointsFPS.com](mailto:acctsrec@AllPointsFPS.com)**