

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 of Hot Side Catalog)

Download this form at
www.AllPointsFPS.com

COMPANY

Name of Company	Telephone
Address	Fax Number
City	Email Address
State	Postal Code

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 _____
 Include Copy of Certificate Check Here if Incorporated Within the Last 12 Months. Business Start Date _____

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	Bank Contact
City	Postal Code
State	Banking Account Number

Banked Here Since (Date) _____ D & B Number _____

REFERENCES

References should be from inventory suppliers. Must be completed in-full to be processed. Please include fax number.

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 _____