

JOHN'S MARKET™

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CREDIT APPLICATION (Section 1 of 2)

Date: _____ Name of Corporation: _____

Shipping Name: _____

Address: _____

Business Phone: _____ Fax: _____

Billing Name (if different from shipping): _____

Address: _____

State: _____

Business Phone: _____

Accounts Payable Person: _____

Principals: (1) _____ (3) _____
(Name) (Name)

_____ (Address) _____ (Address)

_____ (Phone) _____ (Phone)

(2) _____
(Name)

_____ (Address)

_____ (Phone)

BUSINESS INFORMATION

Type of establishment (*please check one or more*)

- Bar Diner
 Bar/ Restaurant Corporate Dining Room
 Catering Hall Other

Your establishment is a: (*please check only one*)

- Sole Proprietorship Partnership (*list each partner*) Corporation (*officer and title*)

Name: _____ Title: _____ Home Phone: _____

Social Security #: _____ Home Address: _____

CREDIT APPLICATION (Section 2 of 2)

References From Food Industry Suppliers:

Meat:

Name: _____	Phone: _____
Address: _____	Fax: _____

Fish:

Name: _____	Phone: _____
Address: _____	Fax: _____

Produce:

Name: _____	Phone: _____
Address: _____	Fax: _____

Bank Credit References

Name: _____	Phone: _____
Address: _____	Fax: _____
_____ Contact: _____	

Name: _____	Phone: _____
Address: _____	Fax: _____
_____ Contact: _____	

Name: _____	Phone: _____
Address: _____	Fax: _____
_____ Contact: _____	

General Information:

How long in business at current location?: _____ Your business' building is: () Owned () Leased?

Previous business (Trade Name & Address) _____