



CREDIT APPLICATION

Trade Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Facsimile: _____

E-mail Address: _____ WWW Address: _____

Ordering Contact Name: _____

Legal Business Name (If different from Trade Name): _____

Billing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Billing: Contact Name: _____ Contact No.: _____

Credit Terms Requested: _____

Bank Name: _____ Account No.: _____

Address (City, State, Zip) _____

Account Manager: _____ Telephone No.: _____

Trade References (Minimum of three required):

	<u>Company</u>	<u>Telephone No.</u>	<u>Facsimile</u>	<u>Account No.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

BELAIR POLICY STATEMENT: The undersigned attest that they are an Owner, Partner, or Officer or Authorized Agent and hereby request Belair Produce, on behalf of applicant to establish a business account and extend credit to Applicant, subject to the terms and conditions established by Belair Produce and set forth on the attached hereto. Applicant agrees to be bound by said terms and conditions.

Signature: _____

Printed Signature: _____

Title: _____

Date: _____



Watermark Foods

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PMA member • www.pma.com

Variety & Quality You Demand...Service You Depend On