



A. ESPOSITO INC.
Purveyor of Fine Meats Since 1911

CREDIT APPLICATION FOR WHOLESALE ACCOUNT

1001 S 9th St. Philadelphia, PA 19147
 Phone: 215-922-2659 | Fax: 215-413-3164
 sales@espositosmeats.com | espositosmeats.com

| | | | |
|--|--------------|--------------|-----------------|
| Name and Title: | | | |
| Company name: | | | |
| Phone | Fax | Email | |
| Registered company address: | | | |
| City: | | State: | ZIP Code: |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| BUSINESS AND CREDIT INFORMATION | | | |
| Primary business address: | | | |
| City: | | State | ZIP Code |
| State: | | | |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| Bank name (for Reference): | | | |
| Bank address: | | Phone: | |
| City: | | ZIP Code: | City: |
| State: | | | |
| Type of account | Account # | | |
| Saving | | | |
| Other | | | |
| Other | | | |
| BUSINESS/TRADE REFERENCE | | | |
| Company Name | Address | | Phone/Fax/Email |
| | | | |
| Company Name | Address | | Phone/Fax/Email |
| | | | |



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| CONTACTS AND AUTHORIZED PURCHASERS | |
|---|--|
| Chef's Name | |
| Chef's Phone/Email | |
| A/P Contact | |
| A/P Phone/Email | |
| Authorized Purchaser #1 | |
| Purchaser Phone/Email | |
| Authorized Purchaser #2 | |
| Purchaser Phone/Email | |

By submitting this application, you authorize A. Esposito Inc. to make inquiries into the banking and business/trade references that you have supplied.

A. ESPOSITO INC CREDIT AGREEMENT AND TERMS:

AMOUNT HIGH CREDIT _____ DOLLARS

- (1) CREDIT TERMS WILL BE REVIEWED AND DETERMINED ON AN INDIVIDUAL BASIS, WE WILL NOTIFY YOU OF TERMS AS SOON AS POSSIBLE AFTER RECEIVING THIS APPLICATION
- (2) ANY RETURNS OR PRODUCT DISPUTES SHOULD BE BROUGHT TO THE IMMEDIATE ATTENTION OF THE SALES DEPARTMENT WITHIN 24 HOURS IN ORDER TO ISSUE CREDIT.
- (3) BY SIGNING THIS AGREEMENT YOU AGREE TO PAY WITHIN THE GIVEN TERM OR BE LIABLE FOR ANY COST OR INTEREST INCURRED BY A. ESPOSITO INC WHILE COLLECTING ANY BALANCE DUE.

PERSONAL GUARANTEE: TO INCLUDE A. ESPOSITO INC TO APPROVE THIS CREDIT APPLICATION AND IN CONSIDERATION OF DOING SO, WE/I, THE UNDERSIGNED, DO HEREBY JOINTLY SEVERALLY AND PERSONALLY GUARANTEE THE ABOVE PURCHASER'S FULL PERFORMANCE, UNLESS NOTIFIED IN CHANGE OF PERSONNEL OF SAID PURCHASE AGREEMENT AND HEREBY AGREE TO INDEMNIFY A. ESPOSITO INC. AGAINST ANY AND ALL DAMAGE, LOSS, EXPENSE AND/OR LIABILITY SUSTAINED BY A. ESPOSITO INC BY REASON OF, OR RELATED TO THE ABOVE PURCHASER'S FAILURE TO PAY WHEN DUE.

Signature: _____ Date signed: _____

Printed Name: _____ Title: _____

Signature: _____ Date signed: _____

Printed Name: _____ Title: _____



CREDIT CARD AUTHORIZATION

1001 S 9th St. Philadelphia, PA 19147
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| CREDIT CARD AUTHORIZATION | |
|----------------------------------|--|
| Card Type: | |
| Account Number: | |
| Security Code: | |
| Expiration Date: | |
| Name on Card: | |
| Billing Address: | |
| Billing City/State/Zip: | |

I, hereby, authorize you to charge my credit card for purchases per our agreed credit card procedure.

Signature: _____ Date signed: _____

Printed Name: _____