



Sales Rep: \_\_\_\_\_

**Poultry Products Northeast, Inc.**  
11 Bemis Road,  
Hooksett, NH 03106-2622  
PH: (800) 334-2449  
FAX: 1-207-430-3262

Credit Application

Trade Name or D.B.A	Corporate Name
Ship To Address	Contact Name
City State Zip	Contact Phone No. Contact Fax or Email ( )
Billing Address (If Different From Ship To)	Billing Contact
City State Zip	Billing Phone No. Billing Fax or Email ( )

**The Following Information MUST Be Provided Accurately And In Detail And Will Be Held In Strictest Confidence**

Type of Business  Individual  Partnership  Corporation  LLC Date of Incorporation State in Which Business is Incorporated

Business Location is:  Rented  Owned FEDERAL TAX IDENTIFICATION No.

**Requested Line of Credit:** \_\_\_\_\_

If Corporation, Name President & Treasurer. If Partnership, Name All Partners. If Sole Ownership, Name of Owner.

Name	Home Address	Home Phone No. ( )
S.S.#	Title	
Name	Home Address	Home Phone No. ( )
S.S.#	Title	

**Bank Information**

Name & Address Of Bank

City State Zip Phone No.  
( )

Checking Account No.

Bank Representative Phone No.  
( )

**Business Type**

Hotel/Inn  Institution  Supermarket  Wholesale Distributor  Restaurant  Retailer  Deli  Pizza  Other \_\_\_\_\_

Date Business Began \_\_\_\_\_ Best Time To Deliver \_\_\_\_\_  Year Round Business  Seasonal \_\_\_\_\_

**Trade References (no Beverage, Candy, or Tobacco)**

1.	Name	Address	Contact
1b.	Account No.	Terms	Phone No. ( )
2.	Name	Address	Contact
2b.	Account No.	Terms	Phone No. ( )
3.	Name	Address	Contact
3b.	Account No.	Terms	Phone No. ( )

**APPLICANT'S SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILIY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:**

- All invoices will be paid according to your stated terms.
- I/WE agree to notify you immediately to any change of ownership.
- If the account is placed for collection, I agree to pay all reasonable charges including attorney's fees and further agree that a charge of 20% of the amount of the claim shall be considered reasonable as a fee.
- I/WE hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information now or in the future to the company and/ or Seafax for which credit is being applied for in order to verify the information contained herein and maintain their credit standing.
- A \$40 processing fee may be charged for non-sufficient funds (NSF checks).

**In consideration of Poultry Products Company, Inc. (Seller) selling goods, wares and merchandise upon credit or allowing additional time for payment on the present indebtedness I/We hereby guarantee payment of any and all obligations incurred and agree to personally pay the said obligation(s) in accordance with the terms between parties in the event of default. The signature(s) on this document represents not only authorization on behalf of the company, including an accurate representation of information provided herein, but also represents my/our personal guarantee as noted by the terms herein.**

Print Name _____	(Signature) _____	(Date) _____
Print Name _____	(Signature) _____	(Date) _____
Witness Print Name _____	Witness (Signature) _____	(Date) _____

**MISSING INFORMATION WILL DELAY PROCESSING OF THIS APPLICATION.**  
Any questions, please call (800) 334-2449