

Office Use Only
Customer # _____
Salesmen: _____



DW Richards Sons, Inc.
701 Rocky Glen Road - Moosic Boro
Avoca, PA 18641
Phone: 570.457.5424 • Fax: 570.457.9408

Credit Agreement Contract

Bill to Name /Address:

Phone: _____

Fax: _____

Trade Name: _____

Ship to Name /Address:

Date Business Acquired/Established: _____

Special Delivery Instructions: _____

PLEASE NOTE THAT YOU ARE ONLY ONE OF THE FOLLOWING:

1. Sole Owner: _____ Social Security Number: _____
Home Address: _____
Home Phone Number: _____ Cell Number: _____

— OR —

2. Partnership - Names and Addresses of Partners:

1. _____ Social Security Number: _____
2. _____ Social Security Number: _____
3. _____ Social Security Number: _____

— OR —

3. Corporation*: President: _____ Address: _____
Treasurer: _____ Address: _____

* If LLC, please provide names of all members.

Bank References:

Name: _____ Address: _____
Account Number: _____ Phone: _____ Fax: _____

Customer agrees to pay for all purchases, fees and other charges incurred by Customer or an authorized user on any account of Customer, including late charges, collection fees, reasonable attorney fees and finance charges assessed on past due balances at 1.5% per month, or the higher rate permitted by law. Returned check fee is \$50.00.

I authorize D.W. Richards Sons to contact the above bank reference to obtain any information needed.

Authorized Signature

Print Name & Title

Date

Personal Guarantee:

In consideration for credit terms, the undersigned contracts and guarantees faithful payments, when due, of all accounts of the company seeking credit. The undersigned waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by D.W. Richards Sons, Inc. and all other notices the guarantor might be entitled to. Revocation of this guarantee shall be in writing and delivered by certified mail.

Authorized Signature

Print Name

Date

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Credit Application/Supplier References - Page 2

Bill to Name / Address:

Phone: _____

Fax: _____

Trade Name: _____

Commercial References: (Other Food Suppliers - Give exact Name & Address)

1. Name: _____ Phone: _____ Fax: _____
Address: _____
City/State/Zip: _____

2. Name: _____ Phone: _____ Fax: _____
Address: _____
City/State/Zip: _____

3. Name: _____ Phone: _____ Fax: _____
Address: _____
City/State/Zip: _____

I authorize D.W. Richards Sons to contact the above references to obtain any information needed to establish credit.

Authorized Signature

Print Name and Title

Date