

For Office Use Only

Customer # _____

Salesman: _____

D.W. RICHARDS SONS INC

701 Rocky Glen Road – Moosic Boro

Avoca PA 18641

Ph: (570) 457-5424 / Fax: (570) 457-9408

CREDIT AGREEMENT CONTRACT

Bill to Name/Address: _____

Ship to Name/Address: _____

Phone: _____

Fax No: _____

Trade Name: _____

Date Business Acquired/Established: _____

Special Delivery Instructions: _____

PLEASE NOTE THAT YOU ARE ONLY 1 OF THE FOLLOWING:

1. Sole-Owner: _____ Social Security Number: _____

Home Address: _____

Home Phone Number: _____

OR

2. Partnership - Names & Addresses of Partners: _____ Soc. Sec No: _____

1. _____

2. _____

3. _____

OR

3. Corporation:* Pres.: _____ Address _____

Treasurer: _____ Address _____

* If LLC please provide names of all members

Bank Reference:

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 highest rate permitted by law. Return check fee is \$50.

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 No: _____

Trade Name: _____

Commercial References (Other Food Suppliers – Give exact name & address):

1. Name: _____ Phone _____ Fax _____

Address: _____

2. Name: _____ Phone _____ Fax _____

Address: _____

3. Name: _____ Phone _____ Fax _____

Address: _____

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

Authorized Signature Print Name & Title Date