Customer Application 5100 St. Jean Detroit, MI 48213

Phone: (313)921-1251 Fax: (313)921-4945



Office Use						
1		REP				
2			Route			
3		M				
4		T				
5		W				
6		H				
7		E				

Owner Information								
#1 Principal (Owner)	Home Street		City	Pl	hone			
Drivers License #	Social Se	Social Security #:		D.O.B.: / /				
Bill to Information		XXX	- XX - XXXX	MM /	DD / YYYY			
Name of Business (DBA)		Corporation	on Name					
Street Contact Person For Billing:	E I		Zip Code					
Contact Person For Ordering:_ Phone: ()	Fax: (_ Email:)	Email: Check to be excluded from factors and the control of the c		ded from fax specials			
Ship to Information [Check if the same as above	e						
Name of Business (DBA)	of Business (DBA) Corporation Name							
treet City Contact Person For Shipping: E		State Email:	1					
Phone: ()								
		ade Refere			T m			
Company Name	Address		Phone	Amt Owed	Terms			
Earliest Time accepting Deliveries: Latest Time Accepting Deliveries Special Instructions: (check box) I have reviewed, and understand, the return policy for Atlas Wholesale Food Company. For the purpose of obtaining Open Account Credit, I (We) state the above Information is true and correct. The parties herby agree that all purchases are subject to the following terms and conditions: Payments are to be sent to: Atlas Wholesale Food Co, 5100 St. Jean, Detroit, MI 48213, in accordance with the Credit Terms that are granted. I(We) agree to pay 1.5% per month, annual percentage rate of 18%, Time – Price Differential Charge on my amount past due 30 days and over. I(We)								
the return check(s) in CASH or CER	It in a \$35.00 assessment which must TIFIED funds or MONEY ORDER of fees that may become necessary to ef	within forty-eight	(48) hours. It is furth	er agreed that the undersign	ed will pay all collection			
Signature	Printed Name	;	Title	Date				
Individual / Joint Personal Guarantee In order to induce Atlas Wholesale Food Co to extend and open credit to the above listed company, of which I have direct financial interest and / or for which I am an officer or agent, I do hereby guarantee payment to you of all indebtedness of any sum due from the company if it fails to pay upon demand. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement. If any balance is turned over to a collection agency or an attorney for collection, I (we) agree to pay actual reasonable attorney fees, normally estimated to be 40% of the balance due, which is standard in the industry, plus all other collection costs. The parties hereto agree and consent to venue in Wayne County, Michigan for any lawsuit to be filed to enforce the obligation in this agreement.								
Print name (Guarantor #1)		Print name	(Guarantor #2)					
Signature (Guarantor #1)		Signature (Guarantor #2)						
Witness Signature		Date: MM	_////	YYYY				