

Phone: (313)921-1251



Fax: (313)921-4945

5100 St. Jean Detroit, MI 48213

This application for credit must be completed in full and signed by the principal owner(s), or officer(s) of your corporation or company. Thank you for the time taken to provide this important information about you and your business.

<p style="text-align: center;">Bill To Address:</p> <p>Business Name: _____</p> <hr/> <p>Number _____ Street _____</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <p>Contact Person For Billing: _____</p> <p>Email: _____</p> <p>Phone: _____ Fax: _____</p>	<p style="text-align: center;">Ship To Address: (if same, leave blank)</p> <p>Business Name: _____</p> <hr/> <p>Number _____ Street _____</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <p>Contact Person For Billing: _____</p> <p>Email: _____</p> <p>Phone: _____ Fax: _____</p>																				
Bank Reference:																					
Bank Name: _____ Branch Location: _____																					
Checking Account No: _____ Savings <i>Yes or No</i> Loan <i>Yes or No</i>																					
Person(s) Authorized to Sign Checks: _____																					
Trade References:																					
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Name</th> <th style="width:35%;">Address</th> <th style="width:15%;">Phone</th> <th style="width:15%;">Amnt Owed</th> <th style="width:10%;">Terms</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Address	Phone	Amnt Owed	Terms															
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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) understand returned checks will result in a \$30.00 assessment which must be paid immediately. Atlas Wholesale Food Co shall have the right to demand payment of the return check(s) in CASH or CERTIFIED funds or MONEY ORDER within forty-eight (48) hours.

It is further agreed that the undersigned will pay all collection agency fees and reasonable attorney fees, that may become necessary to effect collection of this account.

All new accounts will be shipped C.O.D. until credit is approved by the credit office.

Signature	Printed Name	Owner / Officer	Date

Phone: (313)921-1251



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5100 St. Jean Detroit, MI 48213

Signature Printed Name Owner / Officer Date

Complete If Individual Or Partnership

#1 Principal (Owner) Home Street City Phone
Drivers License # Social Security #:

Complete If Corporation

Corporate Name
Address City State Phone
President Home Street City Phone
Vice President Home Street City Phone
Secretary / Treasurer Home Street City Phone

Individual / Joint Personal Guarantee

To: Atlas Wholesale Food Co.

I(We), , residing at

Address City, State Zip Phone

in order to induce Atlas Wholesale Food Co / extend open account credit to

(here in after

Corporate Name

referred to as "Company") of which I have direct financial interest and / or for which I am an officer or agent, do hereby guarantee payment to you of all indebtedness of any sum due from the company fails to pay same 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

Print name

Guarantor's Signature

Guarantor's Signature

Witness

Date