



1211 E. WHOLESALE ST.
LOS ANGELES, CA 90021
PHONE: 213-532-3663
FAX: 213-488-0866

Fax

To: _____ **From:** _____
Fax: _____ **Date:** _____
Phone: _____ **Pages:** _____
Re: CREDIT APPLICATION INSTRUCTIONS **CC:** _____

•Comments:

HOW TO COMPLETE AND SUBMIT YOUR CREDIT APPLICATION:

STEP 1: DOWNLOAD AND PRINT ALL CREDIT APPLICATION DOCUMENTS.

STEP 2: COMPLETE ALL SECTIONS OF THE CREDIT DOCUMENTS AND/OR ATTACH CURRENT COMPANY INFORMATION AND CREDIT REFERENCES.

STEP 3: DOCUMENTS MUST BE SIGNED AND DATED BY PRINCIPLE OWNER OR COMPANY OFFICER.

STEP 4: FAX SIGNED DOCUMENTS TO EXPEDITE PROCESSING. OUR FAX NUMBER IS (213) 488-0866

STEP 5: MAIL ALL SIGNED DOCUMENTS TO ASTRO FOOD SERVICE AS SOON AS POSSIBLE. ASTRO WILL NOT OPEN AN ACCOUNT UNTIL THEY ARE RECEIVED.

ASTRO FOOD SERVICE WILL MAKE A FINAL CREDIT DECISION ONLY UPON RECEIPT OF THE ORIGINAL CREDIT DOCUMENTS. YOU WILL RECEIVE A CREDIT AND TERMS NOTIFICATION LETTER STATING OUR CREDIT TERMS AND THE CREDIT LIMIT OF YOUR ACCOUNT. WRITTEN NOTIFICATION WILL ALSO BE SENT IN THE EVENT THAT CREDIT TERMS WERE DECLINED.

STEP 6: SIGN AND DATE PAYMENT TERMS ACCEPTANCE AGREEMENT AND FAX IT TO US WITHIN 7 DAYS. PLEASE MAIL THE ORIGINAL COPY AS WELL.

THANK YOU FOR YOUR INTEREST IN ASTRO FOOD SERVICE. WE LOOK FORWARD TO SERVING YOU SOON!



1211 E. Wholesale Street
 Los Angeles, CA 90021
 ph. 213.532.3663
 fx. 213.488.0866

CREDIT APPLICATION

Contact Information			Billing Information		
Company Name:			Company Name:		
Contact Name:			AP Contact Name:		
Address:			Address:		
Phone:			Phone:		
Fax:			Fax:		
E-mail:			E-mail:		
General Company Information			Principal Officer:		
Federal Tax ID/:			Title:		
Social Security Number:					
P.A.C.A License Number:					
Legal Structure (check all that apply)					
<input type="checkbox"/> Corporation		<input type="checkbox"/> LLC		<input type="checkbox"/> Sole Proprietor	
<input type="checkbox"/> Partnership		<input type="checkbox"/> LLP		<input type="checkbox"/> Non-Profit	
In Business Since:			Business Type:		
Bank References					
Bank Name (#1):			Bank Acct #:		
Bank Address:			Bank City/State/Zip:		
Bank Contact:			Bank Phone:		
Trade References					
Company	Contact	City	State	Phone #	Fax #
1.					
2.					
3.					
Signature & Authorization					
<p>The signature below represents and warrants that (a) party signing below is an authorized representative of the company, and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Applicant grants permission to Astro Food Service, Inc. to obtain independent credit reports, or credit reports and other information from its references and bank, and authorizes the credit references and bank references to release information to Astro Food Service, Inc. so that it may be used to determine credit worthiness. By signing below applicant authorizes Astro Food Service, Inc. to fax any and all pricing, availability and promotional information. Applicant agrees to pay all bills within net 21-day terms, as rendered, and agrees that overdue accounts are subject to a monthly finance charge of 12% per annum. Returned checks are subject to a \$35 returned check charge. Applicant agrees to notify Astro Food Service, Inc. in writing, and by certified mail of any change in ownership, the name or the business structure under which credit is established. Applicant agrees to pay all costs of collection, including accrual out-of-pocket expenses and a collection fee of twenty-five percent if collected through a collection agency or attorney. The laws of the State of California shall govern all contracts entered into between Applicant and Astro Food Service, Inc., and all disputes may be resolved within the Courts of the State of California. Astro Food Service, Inc. reserves its right, at its sole discretion and without notice, to cancel all available credit and refuse to make future advances. The person executing this agreement has authority to bind the applicant and is authorized by the applicant to enter into the credit application terms and conditions.</p>					
<p><u>ORIGINAL MUST BE RECEIVED AT ABOVE ADDRESS BEFORE ACCOUNT WILL BE OPENED</u></p>			Signature & Date:		
			Printed Name:		
			Title:		

