

**CUSTOMER BANK REFERENCE – AUTHORIZATION**

To: \_\_\_\_\_ Date: \_\_\_\_\_

Fax #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Please share your experience with the following customer:

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_  
\_\_\_\_\_

Bank Account #: \_\_\_\_\_

When was the account opened? \_\_\_\_\_

What is their average balance? \_\_\_\_\_

What is their current balance? \_\_\_\_\_

Comments: \_\_\_\_\_

**CUSTOMER AUTHORIZATION**

***PLEASE SIGN AND RETURN BY FAX TO 213-488-0866. THIS DOCUMENT WILL BE FORWARDED TO YOUR BANK FOR REFERENCE.***

I certify that to the best of my knowledge all information provided above is correct. I hereby authorize Astro Food Service, Inc. to contact and obtain credit information from any and all references provided herein.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions, please contact Mike Rosenberg at 213-532-3663 ext. 105**

Thank you,  
Mike Rosenberg  
Credit Manager



# CREDIT APPLICATION

## Astro Food Service, Inc.

1211 E. Wholesale St.  
Los Angeles, CA 90021  
Ph. 213-532-3663 Fax. 213-488-0866

<b>Contact Information</b>			<b>Billing Information</b>		
Company Name:			Company Name:		
Contact Name:			AP Contact Name:		
Address:			Address:		
Phone:			Phone:		
Fax:			Fax:		
E-mail:			E-mail:		
<b>General Company Information</b>					
Federal Tax ID/Social Security Number :			Principal Officer		
			Title:		
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:		
<b>Bank References</b>					
Bank Name (#1):			Bank Acct #:		
Bank Address:			Bank City/State/Zip:		
Bank Contact:			Bank Phone:		
<b>Trade References</b>					
Company	Contact	Street	City	State	Phone
1.					
2.					
3.					
<b>Signature &amp; Authorization</b>					
<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 <b>net 28-day terms</b>, as rendered, and agrees that overdue accounts are subject to a monthly finance charge of 12% per annum. Returned checks are subject to a \$20 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>					
<b><u>ORIGINAL MUST BE RECEIVED AT ABOVE ADDRESS BEFORE ACCOUNT WILL BE OPENED</u></b>			Signature:		
			Printed Name:		
			Title:		
Date Signed:					