



CREDIT APPLICATION

Name of Restaurant

Street Address

City, State & ZIP

Main (Front of House) Phone

Kitchen Phone

Corporate/Legal Name and Address (If different)

Bookkeeper/AP Contact

Phone

Fax

Name of Chef (Purchaser)

Cell or Preferred Contact

Email

TRADE REFERENCES (Food-related when possible)

Name of Business

Contact Name

Street Address

City, State & ZIP

Phone

Fax

Name of Business

Contact Name

Street Address

City, State & ZIP

Phone

Fax

Name of Business

Contact Name

Street Address

City, State & ZIP

Phone

Fax

BANK REFERENCE

Bank Name

Account Number

Street Address

City, State & ZIP

Phone

Fax

Contact Name

We certify that the above information is true and correct to the best of our knowledge, and we authorize Specialty Foods Boston to contact the above named sources to investigate our credit worthiness. If approved, we agree to pay all invoices within the specified terms; if we fail to pay and collection procedure are initiated, we agree to pay any late charges, collection expenses, attorney fees or service charges.

Owner/Principal

Print Name

Date

When completed, mail to Specialty Foods Boston, 140 Newmarket Square, Boston, MA 02118 or fax to 617-427-3400. Or, scan and email to hello@specialtyfoodsoston.com.