

# WILL POULTRY CO - WHOLESALE FOODS

1075 William Street • PO Box 1146 • Buffalo, NY 14240-1146

## Customer Report for Credit Account

**PLEASE NOTE: SIGNATURE REQUIRED ON REVERSE SIDE BEFORE ANY CREDIT WILL BE ISSUED!**

(Please Print When Filling Out Credit Application)

Full Legal Company Name \_\_\_\_\_ Corporation \_\_\_\_\_ L.L.C. \_\_\_\_\_  
D/B/A \_\_\_\_\_ Partnership \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Indv. Prop. \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Delivery Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date Business Established \_\_\_\_\_ Type of Business \_\_\_\_\_

### **COMPANY OFFICERS OR PARTNERS:**

(Name) (Social Security Number) (Title) (Home Address) (Home Phone)

Request Method of Payment: C.O. D. \_\_\_\_\_ Invoice to Invoice \_\_\_\_\_ Weekly \_\_\_\_\_  
Location is Owned by \_\_\_\_\_ or Leased by \_\_\_\_\_  
Equipment is Owned by \_\_\_\_\_ or Leased by \_\_\_\_\_  
Have you owned another business? \_\_\_\_\_ If so, what was the name of that business? \_\_\_\_\_

Bank Reference \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Estimated Total Credit Required \$ \_\_\_\_\_ Federal I.D. Number \_\_\_\_\_  
Are You Now or Have You Been in a Bankruptcy Situation? Yes \_\_\_\_\_ No \_\_\_\_\_

### **CREDIT REFERENCES (NO LIQUOR SUPPLIERS PLEASE)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### For Office Use Only

Date Received \_\_\_\_\_ Company Name \_\_\_\_\_  
Approved By \_\_\_\_\_ Company No. \_\_\_\_\_  
Date Approved \_\_\_\_\_ Terms \_\_\_\_\_ Amount \_\_\_\_\_

# Agreement

The undersigned (the "Applicant") hereby authorizes WILL POULTRY COMPANY (the "Company") to obtain credit information from any source, and does further authorize those credit sources to provide the information to the company.

The Applicant hereby certifies that the information contained on this Credit Application is complete and accurate.

The Applicant agrees to pay interest at the rate of one and one half (1½%) per month on any unpaid outstanding balance which is not remitted to the Company's invoices and statements.

The Applicant agrees that in the event their account is placed in the hands of a collection agency or an attorney, the Applicant will pay all collection costs and expenses incurred by the Company including, but not limited to, attorney's fees equal to twenty five percent (25%) of the balance due. In the event any check is returned by the bank as insufficient or uncollected, the Applicant agrees to pay a service charge in the amount of \$20.00 for each check that is returned as not paid.

**The Applicant also agrees to notify Will Poultry Company of any changes in their business or ownership which would affect their relationship with the Will Poultry Company.**

Owners Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Date \_\_\_\_\_

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In Order to induce the Company to extend credit to the Applicant herein, the undersigned (the "Guarantor") hereby, personally and unconditionally guarantees to the Company the full and prompt payment of the Applicant's account, including any and all interest and collection costs and expenses described above, including attorney's fees equal to twenty five percent (25%) of the balance due and full and prompt performance and observance by the Applicant of all it's obligations to the Company as described above (collectively the "Obligations"). The Guarantor hereby agrees that upon any default by the Applicant in paying or performing any of the obligation, the Guarantor will promptly pay or perform the same. The Guarantor hereby waives notice of acceptance, protest of demand, and hereby consents in advance to any extension or modification of terms of sale to or amount due from the Applicant, without notice.

Guarantor's Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date \_\_\_\_\_