

P.O. Box 465
Myerstown, PA 17067



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APPLICATION FOR BUSINESS CREDIT

BUSINESS NAME	EST. MONTHLY PURCHASES
ADDRESS	CITY, STATE, ZIP
PREVIOUS ADDRESS	CITY, STATE, ZIP
TELEPHONE NUMBER	YRS. IN BUSINESS
FEDERAL TAX ID #	

INFORMATION ON OWNER

NAME	HOME ADDRESS, CITY, STATE, ZIP	SOC. SECURITY #

TRADE CREDIT REFERENCES (MUST LIST 3)

NAME	ADDRESS, CITY, STATE, ZIP	PHONE #	ACCT. NO.

BANK REFERENCES

NAME	ADDRESS, CITY, STATE, ZIP	BUSINESS ACCT. NO.

This application and the information contained herein is a request for the extension of credit. Applicant certifies that the firm he represents is doing business as a Corporation (), Partnership (), or Sole Proprietorship () (please check one). The applicant authorizes the above named creditor to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to the creditor which will assist in the credit investigation. The applicant further authorizes the creditor to reinvestigate the applicant's credit status from time to time as the creditor deems necessary and should creditor, upon such reinvestigation, deem it necessary to limit or terminate the credit arrangement with applicant, said applicant shall be notified as to any adverse action. Upon approval of the application for credit, said applicant will be notified with the creditor's terms of sale and should applicant at some future time deviate from the creditor's terms of sale, said creditor reserves the right to terminate future extension of credit with applicant.

If credit is extended, I (we) agree to pay creditor all debts incurred within creditor's terms of sale. I (we) expressly waive all right of exemption under the constitution and laws of the State of Pennsylvania and any other state, as to personal property and I (we) agree to pay all costs of collection or attempting to collect or secure any and all debts which I (we) now owe or which I (we) may in the future owe creditor for goods sold to me (us) or to services rendered including a reasonable attorney's fee on the unpaid debt so long as any of said indebtedness is due and unpaid.

AUTHORIZATION FORM: I hereby authorize Dutch Valley Food Distributors, Inc. to run a Business Owner Profile/Small Business Intelliscore. I release all persons, companies, corporations and/or other entities from any and all liability, both actual and potential, arising out of provisions of such information.

It is understood that filling out this form does not guarantee the term status with Dutch Valley Food Distributors, Inc. Any information obtained will be held in the strictest confidence and will be used only in consideration of this application.

Print Business Owner's Full Name

Social Security Number

Business Owner's Signature

Date