



PURE ITALIAN

450 Arsenal St.
Watertown MA 02472
Ph 617-331-2062
Fax 617-860-3082

Credit Application

Customer Code: _____ Sales Rep. _____

Date: _____ Credit Line Requested: \$ _____ Fed ID#: _____

Owner: _____ D.B.A.: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

D&B Listed: Yes No D&B #: _____ Rating: _____

Business Type: Corporation Partnership Individual Corporate Name: _____

Date Business Established: _____ Resale #: _____ Liq. Lic. #: _____

A/P Contact Name: _____ Fax: _____ Phone: _____ Ext: _____

Partners or Corporate Officers:

Name: _____ Title: _____ Telephone: _____

Personal Guarantee

Name: _____ SS #: _____ DOB: _____

Driver License #: _____ State: _____ Issue Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Signature: _____

Bank References

Bank: _____ Contact: _____ Account #: _____

Phone #: _____ Fax #: _____

Trade References

Company Name: _____ Contact: _____ Phone #: _____ Fax #: _____

Authorization to Release Information

NOTICE: You are hereby notified that any and all information being supplied to us in this application by your company will be used for purposes of obtaining credit. The undersigned authorizes and instructs any person, consumer reporting agency or bank institution to compile and furnish the information inquired on the forms. I hereby confirm that the business and personal information provided above is true, and authorize PURE ITALIAN LLC to use and make further inquiries in order to establish a line of credit with the company.

X

X

X

Applicant (Print Name & Title)

Signature

Date



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Trade Reference Inquiry Authorization

Customer Name _____

Authorized Name _____

Signature _____

Date _____

I hereby authorize you to furnish information regarding my account to:

PURE ITALIAN
450 Arsenal St
Watertown, MA 02472

For Office Use Only:

Company name: _____ Contact: _____ Fax# _____

=====
***** Trade Reference Use Only *****
=====

Dear Credit Manager,

Thank you for your time and attention to this inquiry. The information you share with us will be held in strict confidence and will be used for Credit purposes only. Please, answer the questions below, and fax this page to the number listed below.

Customer since: _____

Terms: _____

Credit limit: _____

Highest balance: _____

Current balance: _____

Acct status: _____

Past due balance: _____

of days slow: _____

Special Comments

Information provided by _____ Date _____

Should you have any more inquiries please do not hesitate to give us a call.

Credit Department | 617-372-1659

Please fax this page to 617-860-3082, Thank you!

(no need for cover page)