



Pork Provision, Boneless Beef Cuts

Brooklyn Wholesale Meat Market
 5600 1st Avenue, Bldg. A4
 Brooklyn, N.Y. 11220
 Fax# (718) 492-2096

CREDIT APPLICATION

DATE _____

NAME _____ TRADE NAME _____

ADDRESS _____ CITY/STATE _____

PHONE# _____ FAX _____ DATE STARTED _____

CIRCLE WHETHER: INDIVIDUAL PARTNERSHIP CORPORATION

FEDERAL EIN # _____ S.S.# _____

PLEASE GIVE FULL NAME AND HOME ADDRESS OF INDIVIDUAL, AND IF A FIRM, OF EACH PARTNER, OR IF CORPORATION, OF EACH OFFICER AND OFFICE HELD BY EACH.

FULL NAME	TITLE	HOME ADDRESS	PHONE
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BANK _____ ACCOUNT# _____ BRANCH _____
 TELEPHONE _____ BANK CONTACT _____

AUTHORIZATION TO RELEASE BANK INFORMATION _____
 (AUTHORIZED SIGNATURE)

CREDIT REFERENCES (FOOD TRADE)
 NAME _____ ADDRESS _____ PHONE # _____

APPLICANT PROMISES TO PAY ALL PURCHASES ON OR BEFORE THE PAYMENT DUE DATE SPECIFIED ON THE RUBY FREEMAN INCNC. INVOICES, AND IF PAYMENT IS NOT MADE ACCORDINGLY THE UNDERSIGNED AGREES TO PAY A SERVICE CHARGE OF ONE HALF PERCENT PER MONTH ON ANY UNPAID BALANCE. IN THE EVENT OF A DEFAULT, APPLICANT AGREES TO PAY ATTORNEY'S FEE OF TWENTY (20) PERCENT OF THE AMOUNT DUE AND PAYABLE HEREUNDER WHEN THE ACCOUNT IS REFERRED FOR COLLECTION TO AN ATTORNEY OR COLLECTION AGENT.

FINANCIAL STATEMENT ENCLOSED
 _____ YES _____ NO

_____ APPLICANT SIGNATURE & TITLE