



# NYC PRODUCE

547 Manida Street

Bronx, NY 10474

OFFICE: 718-450-8438/FAX: 718-842-2154

## Business Credit Application

**FAX TO (718) 842-2154**

Fill out the application below and provide the following to access the system:

**Chosen Username:** \_\_\_\_\_

**Chosen Password:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### BUSINESS INFORMATION:

Type of Business:	In Business Since:	<b>Federal TAX ID:</b>			
<b><u>Name of Business:</u></b>					
Legal Form Under Which Business Operates:					
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:			In Business Since:		
Name of Company <b>Principal Responsible</b> for Business Transactions:				Title:	
Address:	City:	State:	ZIP:	Phone:	FAX:

### LIST NAMES OF OWNERS, PARTNERS:

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

### BANK REFERENCES

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	



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TRADE REFERENCES:		
Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:
ACCOUNT PAYABLES CONTACT:		
Name:	Phone:	Fax:
E-mail:		
Name:	Phone:	Fax:
E-mail:		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions, suppliers, and credit references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

We agree to pay all legal cost and reasonable attorney's fees if it becomes necessary to enforce collection or file suit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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I, (Name) \_\_\_\_\_ Residing at  
\_\_\_\_\_ address \_\_\_\_\_

for and in consideration of your extending credit at my request to  
(Company) \_\_\_\_\_ here in after  
referred to as the "COMPANY", of which I am (TITLE)  
\_\_\_\_\_ here by personally guarantee to you the payment  
at **NYC PRODUCE** company in the state of New York any obligation  
of the company and I hereby agree to bind myself to pay you on  
demand any sum which may become due to you by the COMPANY  
whenever the COMPANY shall fail to pay the same. It is understood  
that this guarantee shall be continuing and irrevocable guarantee  
and indemnity for such indebtedness of the COMPANY. I do here by  
waive notice default, non-payment and notice hereof and consent to  
any modification of renewal of credit agreement hereby guarantee.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

