



Austin Meat Company
 355 Food Center Dr. A-14
 Bronx, New York 10474
 718-842-6767/Fax: 718-842-2143
 WWW.AUSTINMEAT.COM

Application For Credit

Contact Person: _____
 Open & Close Time: _____
 Credit Line Requesting: _____

BILL TO		SHIP TO	
CORP. NAME		TRADE NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP	STATE	ZIP
TEL ()	FAX ()	TEL ()	EMAIL
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> RETAILER <input type="checkbox"/> HOTEL <input type="checkbox"/> CATERER <input type="checkbox"/> WHOLESALE <input type="checkbox"/> RESTAURANT	
FED ID # _____ DRIVER 'S LIC. # _____		DATE BUSINESS STARTED _____ DNB # _____	

OFFICERS/OWNER	OFFICERS/OWNERS (ADDITIONAL)
NAME & TITLE	NAME & TITLE
HOME ADDRESS	HOME ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
HOME TEL	HOME TEL
EMAIL	EMAIL
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.

BANK REFERENCE	
NAME	ACCOUNT NO.
ADDRESS	CITY
TEL.	STATE
EMAIL	ZIP
FAX.	PERSON TO CONTACT

TRADE REFERENCES (INCLUDING ALL MEAT SUPPLIERS)			
1. NAME	ADDRESS	TEL ()	
ACCT.#:	FAX:	E-MAIL:	CONTACT:
2. NAME	ADDRESS	TEL ()	
ACCT.#:	FAX:	E-MAIL:	CONTACT:
3. NAME	ADDRESS	TEL ()	
ACCT.#:	FAX:	E-MAIL:	CONTACT:
4. NAME	ADDRESS	TEL ()	
ACCT.#:	FAX:	E-MAIL:	CONTACT:

FOR GOOD AND VALUABLE CONSIDERATION, THE UNDERSIGNED (JOINTLY & INDIVIDUALLY) AGREE TO BE PERSONALLY LIABLE FOR ALL INDEBTNESS INCURRED BY THE ABOVE LISTED CORPORATION OR BUSINESS ENTITY. THE UNDERSIGNED (JOINTLY & INDIVIDUALLY) FURTHER AGREE TO BE PERSONALLY LIABLE FOR ALL INDEBTNESS BASED ON THE EXTENSION OF CREDIT TO ANY OTHER CORPORATION OR BUSINESS ENTITY WITH WHICH THE UNDERSIGNED IS OR MAY BE AFFILIATED IF A DEFAULT IN THE TERMS OF PAYMENT OCCURS ON ANY ACCOUNT ON WHICH THE UNDERSIGNED IS OR MAY BE LIABLE, AND WHICH IS PLACED WITH AN ATTORNEY OR BONDED COLLECTION AGENCY, THE UNDERSIGNED (JOINTLY & INDIVIDUALLY) AGREE TO PAY ADDITIONAL 33% COLLECTION CHARGED ON THE ENTIRE UNPAID BALANCE. **THE USE OF MY CORPOTAE TITLE IS ONLY TO INDENTIFY MY POSTION IN THE COMPANY AND IN NO WAY NEGATES MY GUARANTEE.** THE UNDERSIGNED RESIDES IN A STATE WHERE COMMUNTIY LAWS EXIST, BOTH SPOUSE ARE TO SIGN BELOW.

DATE _____ PRINTNAME _____ AUTHORIZED SIGNATURE AND AS GUARANTOR _____

IMPORTANT: Credit application must be signed by applicant before any terms of credit are issued!