###### APPLICATION INFORMATION

ALLWAY RESTAURANT EQUIPMENT SUPPLIES

2424 South Orange Blossom Tr., Orlando,Fl32805

Tel: 407-650-8268 Fax: 407-540-7038

E-mail:aret818@gmail.com

NEW ACCOUNT

APPLICATION

For Dealer & Distributor only

DATE: RESALES NO.: TH NO.: D & B NO.:

COMPANY NAME

TYPE OF BUSINESS

ADDRESS

SOLE

PARTNERSHIP

CORPORATION IN

 PROPRIETORSHIP

STATE OF

CITY STATE ZIP

SUBSIDIARY

DIVISION

|  |  |
| --- | --- |
| CONTACTPERSON |  |
| ACCOUNTS PAYABLE CONTACT | PHONE NUMBER |  | FAX NUMBER |
| NUMBEROF EMPLOYEES HERE | NO. OF YEARS IN BUSINESS UNDER THIS NAME | SALES VOLUME | CREDIT LINE REQUESTED |

|  |  |  |
| --- | --- | --- |
| OWNERSHIP |  | NAME OF PHONE FAX OWNER NUMBER NUMBER |
|  | HOMEADDRESS CITY STATE ZIP |
| NAME OF PHONE FAX OWNER NUMBER NUMBER |
|  | HOMEADDRESS CITY STATE ZIP |

|  |  |  |
| --- | --- | --- |
| TRADE REFERENCE |  | NAME OF PHONE FAX CONTACT BUSINESS NUMBER NUMBER PERSON |
| ADDRESS CITY STATE ZIP |
|  | NAME OF PHONE FAX CONTACT BUSINESS NUMBER NUMBER PERSON |
|  | ADDRESS CITY STATE ZIP |
| NAME OF PHONE FAX CONTACT BUSINESS NUMBER NUMBER PERSON |
|  | ADDRESS CITY STATE ZIP |
| NAME OF PHONE FAX CONTACT BUSINESS NUMBER NUMBER PERSON |
|  | ADDRESS CITY STATE ZIP |

|  |  |  |
| --- | --- | --- |
| NAME OF | PHONE | FAX |
| BANK | NUMBER | NUMBER |

ADDRESS CITY STATE ZIP

BANK

REFERENCE

APPROVED

**please attach a valid copy of your resale certificate**

APPROVED

DISCOUNT: TERM:

CREDIT

APPROVED CREDIT

DISAPPROVED

All statements made here in are true and accurate. We here by indemnify the above

company and its agents, from and any liability resulting from the credit application.

AUTHORIZED

SIGNATURE

DATE / /

TITLE

 DATE / /