



Thank you for your interest in Thomsen Foodservice. We look forward to a long and valued relationship in the years to come.

Customer service has been our priority since 1951. The service and competitive pricing that we offer does dictate that we maintain our credit policy. This begins with our credit application. In order to acquire credit with our company, our credit application must be filled out completely.

Please be sure to answer all questions on this credit and guaranty form. It is important that the owner's information is provided and the owner signs the application. There should be no delay in processing your account application as long as all information and signatures are completed properly.

Should you wish to purchase on a C.O.D. basis, you will need to provide the owner's information along with your bank account information and a signature at the bottom of the application showing your consent to check the bank reference.

Sic # _____

CREDIT APPLICATION FOR E.B. THOMSEN, INC.

Sls # _____

401-431-2190 Fax 1-401-431-1618 141 Narragansett Park Drive, East Providence, RI 02916

The following information is voluntarily supplied for the purpose of requesting credit from E.B. Thomsen, Inc. I/we warrant the following information to be true and hereby authorize E.B. Thomsen, Inc. to contact any trade references/banking institution listed herein and to otherwise investigate this applicant's credit worthiness.

CORPORATE NAME:(name by which you are registered) FIRM NAME:(name by which you are known)

DELIVERY ADDRESS STREET TOWN STATE ZIP

BILL TO NAME & ADDRESS IF DIFFERENT

BUSINESS PHONE # CORP. PHONE # FAX # DRIVER LICENSE#/STATE:(if an individual)
PLEASE CHECK ONE: INDIVIDUAL PARTNERSHIP CORPORATION FED. TAX ID # (if corporation) DATE OF BIRTH SOCIAL SECURITY #

OWNER INFORMATION

FULL NAME TITLE HOME ADDRESS HOME PHONE #

REQUESTED TERMS REQUESTED CREDIT LIMIT A/P CONTACT
WHEN DID YOU BUY THE BUSINESS RENT THE BUILDING IF RENT-FROM WHOM? ADDRESS
OWN THE BUILDING

TRADE REFERENCES

NAME ADDRESS TELEPHONE #

NAME OF BANK CITY/ST ACCOUNT #

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:

- 1. ALL INVOICES WILL BE PAID ACCORDING TO YOUR PUBLISHED TERMS.
2. (WE) I WILL PAY LATE PAYMENT FINANCE CHARGES WHICH ARE COMPUTED BY A "PERIODIC" RATE OF 1/2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% APPLIED TO PAST DUE BALANCES.
3. (WE) I AGREE TO NOTIFY YOU IMMEDIATELY OF ANY CHANGES OF OWNERSHIP.
4. IN THE EVENT ACCOUNT IS PLACED FOR COLLECTION, I AGREE TO PAY ALL REASONABLE CHARGES INCLUDING ATTORNEY'S FEE AND FURTHER AGREE THAT A CHARGE OF 20% OF THE AMOUNT OF THE CLAIM SHALL BE CONSIDERED REASONABLE AS A FEE.

I, WE, HOME ADDRESS
ACKNOWLEDGE THAT I/WE HAVE A PERSONAL FINANCIAL INTEREST IN THE CLOSELY HELD CORPORATION, PARTNERSHIP, OR PROPRIETORSHIP SUBMITTING THIS APPLICATION (SUCH APPLICATION HEREIN AFTER REFERRED TO AS THE "COMPANY") IN CONSIDERATION OF E.B. THOMSEN, INC., EXTENDING CREDIT TO THE COMPANY, I/WE HEREBY PERSONALLY GUARANTY TO E.B. THOMSEN, INC. THE PAYMENT OF ANY FUTURE DEBT OR FUTURE OBLIGATION OF THE COMPANY AND ANY PAST DEBT OF THE COMPANY. I/WE HEREBY AGREE TO BIND MYSELF/OURSELVES TO PAY E.B. THOMSEN, INC. ON DEMAND ANY SUM WHICH MAY BECOME DUE AND PAYABLE TO E.B. THOMSEN, INC. BY THE COMPANY Y WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTY SHALL BE A CONTINUOUS AND IRREVOCABLE GUARANTY AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY. I/WE DO HEREBY WAIVE NOTICE OF DEFAULT, NONPAYMENT, AND NOTICE THEREOF AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED. I/WE FURTHER UNDERSTAND THAT E.B. THOMSEN, INC. IS SPECIFICALLY RELYING UPON THIS PERSONAL GUARANTY IN EXTENDING CREDIT TO THE COMPANY AND THAT WITHOUT THIS GUARANTY E.B. THOMSEN, INC. WOULD NOT EXTEND SUCH CREDIT.

WITNESS DATE AUTHORIZED SIGNATURE DATE
PRINT NAME PRINT NAME

IMPORTANT - MISSING INFORMATION WILL DELAY PROCESSING THIS APPLICATION



EASY PAY PAYMENT PROCESSING (ACH)

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started! Terms will be established and agreed upon by both parties. Once your application is approved, we will complete payments automatically on their due date.

Please complete the information below:

Company Name: _____

Billing Address: _____

City, State, Zip: _____

Email: _____

Bank Information:

Bank Name: _____ Branch Name: _____

Address of Bank: _____

Type of Account: _____ Checking _____ Savings

Routing/Transit #: _____ Account #: _____

I/We, _____, hereby authorize **E.B. Thomsen, Inc.**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries (for balances as they come due according to the terms on the account), to my (our) bank account as listed above and the depository named below, to debit and/or credit the same to such account. The authorization will remain in full force and effect until E.B. Thomsen receives written notification of termination and has a reasonable period of time (not less than 10 business days) to act upon such notice.

Print Name(s): _____

Authorized Signature: _____ Date: _____

Please attach voided check or deposit slip (to confirm account information)

*******Please be sure to complete all sections so we can accommodate your account and delivery preferences*******

Monthly Statements

Check one: _____ Email Statement _____ Mail Statement

Accounts Payable E-mail: _____

DELIVERY INSTRUCTIONS

HOURS OF OPERATION & PREFERRED DELIVERY TIME

	OPEN	CLOSE	PREFERRED DELIVERY TIME <i>WE CANNOT GUARANTEE DELIVERY TIMES BUT WILL DO OUR BEST TO ACCOMMODATE YOUR PREFERENCES</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Contact for Delivery Questions:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Special Delivery Instructions: _____
