



CUSTOMER INFORMATION AND CREDIT APPLICATION

CUSTOMER NAME:	
ADDRESS:	
CITY, STATE & ZIP:	
CONTACT:	
TITLE:	
PHONE:	
FAX:	
EMAIL:	

TRADE REFERENCES

NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY, STATE & ZIP:		CITY, STATE & ZIP:	
PHONE:		PHONE:	
FAX:		FAX:	
WHAT SUPPLIED:		WHAT SUPPLIED:	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY, STATE & ZIP:		CITY, STATE & ZIP:	
PHONE:		PHONE:	
FAX:		FAX:	
WHAT SUPPLIED:		WHAT SUPPLIED:	
CREDIT \$ REQUESTED:			
YEARS IN BUSINESS:			

PAYMENT TERMS ARE NET 15 DAYS IF APPROVED

SIGNATURE OF AUTHORIZED PERSON

DATE

FAX TO: LEGACY FOODS LLC
ATTN: CREDIT DEPARTMENT
FAX #: 620.663.7195