

**How did you hear of  
Musco Food Corp?:**

**MUSCO FOOD CORPORATION**  
 57-01 49<sup>th</sup> Place, Maspeth, NY 11378  
 Phone: 718-326-1070 Fax: 718-326-1109  
 Return to Peter Katz, pkatz@muscofood.com  
 718-326-1070 EXT 122

For office use only  
 Acct. #: \_\_\_\_\_  
 Sales Rep \_\_\_\_\_  
 Recvd. By: \_\_\_\_\_  
 Date Rcvd: \_\_\_\_\_

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

<b>Company Name:</b>		<b>D/B/A:</b>	
Owner's Name(s):		Title:	
Phone:	<b>Fax:</b>	<b>Email:</b>	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:		A/P Contact:	
Sole proprietorship:	Partnership:	Corporation:	<b>Delivery Hours:</b>

### BUSINESS AND CREDIT INFORMATION \*\* (MUST INCLUDE FAX NUMBER AND/OR EMAIL) \*\*

Primary home address:		
City:	State:	ZIP Code:
How long at current address?		
<b>Bank name:</b>		<b>Contact:</b>
Bank address:		Phone:
City:	State:	ZIP Code:
Telephone:	<b>Fax:</b>	<b>Email:</b>
Type of account (Savings/Checking/Other):	Account number:	

### BUSINESS/TRADE REFERENCES \*\* (MUST INCLUDE FAX NUMBERS AND/OR EMAIL) \*\*

<b>Company name:</b>		<b>Contact:</b>	
Address:			
City:	State:	ZIP Code:	
Phone:	<b>Fax:</b>	E-mail:	
Type of account:			
<b>Company name:</b>		<b>Contact:</b>	
Address:			
City:	State:	ZIP Code:	
Phone:	<b>Fax:</b>	E-mail:	
Type of account:			
<b>Company name:</b>		<b>Contact:</b>	
Address:			
City:	State:	ZIP Code:	
Phone:	<b>Fax:</b>	E-mail:	
Type of account:			

### AGREEMENT

1. By submitting this application, you authorize Musco Food Corp. to make inquiries into the banking and business/trade references that you have supplied.
2. A fee will be assessed for returned checks
3. All orders are **C.O.D.** till credit references are verified.

### SIGNATURES

### AMOUNT OF CREDIT REQUESTED:

DATE:	Print Name:	Sign*:	\$
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\*Use the "Fill & Sign" feature of Adobe Reader to insert signature, or print, sign, & scan document before returning it to Peter Katz.