



58 Hatville Rd.
Gordonville, Pa. 17529
717-768-8542
Fax: 717-768-7773

CREDIT APPLICATION

Business Name: _____ Phone: _____

Delivery Address: _____

Billing Address: _____

Type of Business: _____ Established: _____

Please Indicate: _____ Individual _____ Partnership _____

E-mail Address of Accounts Payable _____

Principal Owner/Partners Or Corporate Offices:

Name: _____ Phone #: _____

Home Address: _____

Name: _____ Phone #: _____

Home Address: _____

Do You Own or Lease Your Building? _____



Esh Foods
58 Hatville Road
Gordonville, PA 17529
717-768-8542
Fax: 717-768-7773

Bank/Credit Reference Form

By signing below, I hereby authorize _____ to release requested information to Esh Foods LLC, which will remain in effect until rescinded.

Name _____ Signature _____ Date _____

ACCOUNT INFORMATION

Account Name: _____

Address: _____

BANK INFORMATION

Bank Name: _____

Bank Address: _____

Contact Person: _____

Contact Phone #: _____ Bank Fax #: _____

Customer Since: _____

****The section below is to be completed by your bank****

Has customer had any NSF checks in the last 12 months? _____ If so how many _____

COMPLETED BY

Name: _____

Title: _____

Branch: _____

Phone: _____

E-mail: _____

Signature _____

Date _____

Business Credit References

(PLEASE INCLUDE FAX #'S – THANK YOU)

Phone #: _____ Fax #: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Name: _____

Address: _____

Credit Terms

Unless credit has been established, terms are cash. On open accounts, terms are 14 days. A 1% monthly service Charge (12% annum) or a \$4.00 minimum fee will be added to past due accounts. A \$45.00 charge will be assessed on all Non-Sufficient Fund Checks.

*I fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Printed Name: _____

Signature: _____

Date: _____