



350 Pine Point Rd.
Scarborough, ME. 04074
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NEW ACCOUNT INFORMATION

CUSTOMER NAME: _____

ADDRESS: _____ **NO. YEARS. IN BUSINESS** _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____ **FAX:** _____ **E-MAIL:** _____

COMPANY REGISTRATION NUMBER: _____ **Vat Number:** _____

COMPANY TYPE: C-CORP: ___ S-CORP: ___ LLC: ___ OTHER (PLEASE LIST) : _____

<u>NAMES OF OFFICERS</u>	<u>ADDRESS</u>	<u>TELEPHONE #</u>
_____	_____	_____

FINANCIAL:

1. NAME OF BANK: _____ ACCOUNT #: _____

CITY, STATE, ZIP: _____ TEL. _____

2. NAME OF BANK: _____ ACCOUNT#: _____

CITY, STATE, ZIP: _____ TEL#: _____

TRADE REFERENCES:

<u>NAME OF COMPANY</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>TELEPHONE #</u>
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____
4.) _____	_____	_____	_____

ALL SHIPMENTS MADE PRIOR TO CREDIT APPROVAL ARE WIRE IN ADVANCE.

UPON CREDIT APPROVAL PAYMENT TERMS ARE AS FOLLOW:

- FRESH MEAT: **NET 7 DAYS**
- FROZEN MEAT: **NET 14 DAYS**

WE HEREBY AUTHORIZE THE FINANCIAL INSTITUTIONS AND TRADE REFERECES TO RELEASE INFORMATION REGARDING THE CREDIT STANDING OF THE ABOVE MENTIONED ACCOUNT. WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND THAT WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. 1 1/2% PER MONTH SERVICE CHARGE WILL BE ADDED TO ALL PAST DUE ACCOUNT.

SIGNED: _____
(COMPANY OFFICER ONLY)

DATE: _____

TITLE: _____