197 Route 18 South STE 300 | East Brunswick, NJ 08816
Phone (732) 387-7878 | Fax (732) 387-7890
www.espectrousa.com

CUSTOMER CREDIT APPLICATION

Please complete the following application in its entirety to establish credit with Espectro Food Equipment, LLC. Upon receipt we will immediately begin our credit application process. We will notify you when credit is approved and inform you of your credit limit and payment terms. Please note that we will not begin processing orders until credit is approved. **Completed forms should be returned to:**

Fax: (732) 387-7890 Email: info@espectrousa.com

Company Name:		Phone:	
Billing Address:		Fax:	
		Website:	
City:		Federal ID #:	
State:	Zip:	Resale #:	
Credit Limit Requested:		Dunn & Bradstreet #:	
Purchasing Contact:		Accounts Payable Contact:	
Purchasing Phone:		AP Phone:	
Purchasing Fax:		AP Fax:	
Purchasing Email:		AP Email:	
Receiving Contact:		Dock Hours:	
Receiving Phone:		Delivery Appointment Required:	Yes / No
Receiving Fax:		Lift gate Needed:	Yes / No
Receiving Email:		Buying Group:	

** ONCE PAYMENT HISTORY IS ESTABLISHED WE RESERVE THE RIGHT TO EVALUATE YOUR CREDIT LIMIT AND TERMS.
**Accounts over the approved credit limit and/or accounts with overdue invoices are subject to credit hold.

Person Completing Application:		Position:	
Signature:		Date:	
Espectro Salesperson:		Signature:	

TRADE REFERENCES

Reference #1: _____
Address: _____
City,State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact: _____
Items Purchased: _____

Reference #2: _____
Address: _____
City,State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact: _____
Items Purchased: _____

Reference #3: _____
Address: _____
City,State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact: _____
Items Purchased: _____

Reference #4: _____
Address: _____
City,State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact: _____
Items Purchased: _____

BANK REFERENCE

Bank Name: _____

City, State: _____

Contact: _____

Phone: _____

Fax: _____

Email: _____

Dear Bank Officer,

We are authorizing the bank to release information about our accounts outstanding, credit line, and payments history to Espectro Food Equipment, LLC, to be used explicitly for the establishment of an open account. This information is to be kept in the strictest of confidence.

Account Name: _____

Account Number: _____

Print Name: _____

Title: _____

Signature: _____

Dear Sir/Madam,

The above customer is applying for credit with us and has given your bank as a reference. We would appreciate if you would provide us with the information requested below. Should you have any questions, please call us at (732) 387-7878

Date Account Opened: _____ Avg. Daily Balance: _____

Line of Credit (if any): _____ Secured?: _____

Credit Limit: _____ Amount Now Owing: _____

Payment Habits: _____ NSF Checks: _____

Overall Credit Rating: _____ Comments: _____

We assure you that this information will be kept confidential. Your immediate reply is appreciated.

Completed forms should be returned via fax or email to:
Fax: (732) 387-7890 Email: info@espectrousa.com
Attention: Credit Department