

Credit Application

New Account Application Form

Please complete the form below. You may press the "SUBMIT" button to send it via email on our secure server, or you can fill in the form and print it. The form can then be faxed to Diane Yanovitch in the Credit Department at 508-226-7060 or can be mailed to the address below.

SHIP TO:

BILL TO: (If Different)

Business/Trade Name: _____	Address: _____
Address: _____	City, State, Zip Code: _____
City, State, Zip Code: _____	Attention Of: _____
Phone: _____	Fax: _____

BUSINESS FACTS:

Proprietorship _____	Customer Contact: _____
Partnership _____	Years in Business: _____
Corporation _____	

Please complete the following information for all Corporate Officers, Partners, and or Individual Proprietor.

Name and Title: _____	Name and Title: _____
Home Address: _____	Home Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____
Home Telephone: _____	Home Telephone: _____
Social Security No: _____	Social Security No: _____

ACCOUNTS RECEIVABLE INFORMATION:

Accounts Payable Contact: _____	A/P Telephone: _____
Is a Purchase Order Required: _____	A/P Fax: _____

BANKING:

Bank Telephone: _____	Bank Name: _____
	Bank Contact: _____
	City, State, Zip Code: _____
	Account No. (required) _____

TRADE REFERENCES:

Name:	Address:	Telephone:
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

How did you hear about Chex? _____

Is there a specific product line you are interest in? _____

If known, please enter the name of your Chex Account Representative: _____

What type of store do you have? _____

Once you have completed this form, press the "SUBMIT" button to send us your application via email or you may send the completed form via the fax or mail it to us.

Person Completing Form: (Required) _____ Email: _____

Chex Finer Foods, Inc.
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Attleboro, MA 02703