



Wholesale FOODS Inc.
1950 Hwy #7 West, Unit 18, CONCORD, ONTARIO L4K 1W5
(416) 665-1533 Fax (905) 761-1709

CREDIT APPLICATION

Company Name: _____

Billing Address: _____

Shipping Address: _____

Phone # () _____ Fax # () _____

Proprietorship _____ Partnership _____ Corporation _____

Year of Incorporation _____ Incorporation Number _____

Owners/Key Management	Title	Home Address	Home Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank _____ Address _____

Phone # () _____ Contact _____ Acct# _____

Trade References	Phone #	Fax #	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Estimated Monthly Purchases \$ _____ Credit Line Requested \$ _____

The above mentioned Company or Legal representative authorizes **Sabrina Wholesale Foods Inc** to inquire and get credit information from the above given credit references. The above mentioned Company agrees to pay the outstanding balances according to the terms as set on the original invoices. Failing to do so, credit will be suspended and all monies outstanding will become due and payable. Any payments which result in a dishonoured cheque will be subject to a \$25.00 service charge. The above mentioned Company or Legal representative agrees that for and in consideration of **Sabrina Wholesale Foods Inc** extending credit, hereby personally guarantees to pay us on demand any sum which may become due to us by the above Company whenever the Company shall fail to pay the same. It is understood that the guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness of the Company.
 I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____ **Title:** _____ **Date:** _____

Name: _____
 (please print)