



Thank you for your interest in Thomsen Foodservice. We look forward to a long and valued relationship in the years to come.

Customer service has been our priority since 1951. The service and competitive pricing that we offer does dictate that we maintain our credit policy. This begins with our credit application. In order to acquire credit with our company, our credit application must be filled out completely.

Please be sure to answer all questions on this credit and guaranty form. It is important that the owner's information is provided and the owner signs the application. There should be no delay in processing your account application as long as all information and signatures are completed properly.

Should you wish to purchase on a C.O.D. basis, you will need to provide the owner's information along with your bank account information and a signature at the bottom of the application showing your consent to check the bank reference.

Sic # \_\_\_\_\_

**CREDIT APPLICATION FOR THOMSEN BUYER, LLC. (PAGE 1)**

Sls # \_\_\_\_\_

401-431-2190 Fax 1-401-431-1618 141 Narragansett Park Drive, East Providence, RI 02916

The following information is voluntarily supplied for the purpose of requesting credit from Thomsen Buyer, LLC. I/we warrant the following information to be true and hereby authorize Thomsen Buyer, LLC. to contact any trade references/banking institution listed herein and to otherwise investigate this applicant's credit worthiness.

**CORPORATE/BUSINESS INFORMATION**

CORPORATE NAME: (name by which you are registered) \_\_\_\_\_

FIRM NAME: (DBA - name by which you are known) \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

STREET \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

BILL TO NAME & ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
BUSINESS PHONE #

(\_\_\_\_) \_\_\_\_\_  
CORPORATE PHONE #

\_\_\_\_\_  
FAX #

\*\*\*\*\*  
PLEASE CHECK ONE:  INDIVIDUAL  PARTNERSHIP  CORPORATION  NON-PROFIT/CHARITY ORGANIZATION

\_\_\_\_\_  
FED. TAX ID #

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
DRIVER LICENSE#/STATE

**\*\*\*A COPY OF YOUR RESALE CERTIFICATE MUST BE SUBMITTED WITH YOUR CREDIT APPLICATION. NON-PROFIT/TAX EXEMPT CUSTOMERS PLEASE ALSO SUBMIT A COPY OF YOUR EXEMPTION CERTIFICATE\*\*\***

**LANDLORD INFORMATION**

DO YOU RENT OR OWN THE BUILDING?  RENT  OWN *If Rent, please provide the name, address and phone for Landlord below:*

\_\_\_\_\_  
LANDLORD NAME

\_\_\_\_\_  
LANDLORD ADDRESS

\_\_\_\_\_  
LANDLORD PHONE #

**OWNER INFORMATION**

(PERSON(S) COMPLETING THIS SECTION MUST BE AN OWNER/PARTNER OF THE ORGANIZATION)

**OWNER'S FULL NAME**

**TITLE**

**HOME ADDRESS**

**PHONE #**

\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

**CREDIT APPLICATION FOR THOMSEN BUYER, LLC. (PAGE 2)**

401-431-2190 Fax 1-401-431-1618 141 Narragansett Park Drive, East Providence, RI 02916

The following information is voluntarily supplied for the purpose of requesting credit from Thomsen Buyer, LLC. I/we warrant the following information to be true and hereby authorize Thomsen Buyer, LLC. to contact any trade references/banking institution listed herein and to otherwise investigate this applicant's

**CREDIT TERMS AND ACCOUNTS PAYABLE INFORMATION**

(THIS SECTION IS REQUIRED TO DETERMINE CREDIT WORTHINESS)

REQUESTED CREDIT TERMS: \_\_\_ COD \_\_\_ 7 DAYS \_\_\_ 14 DAYS \_\_\_ 21 DAYS \_\_\_ 30 DAYS

REQUESTED CREDIT LIMIT/WEEKLY \$\$\$\$ \_\_\_\_\_

PREFERRED METHOD OF PAYMENT: \_\_\_ ACH \_\_\_ CREDIT CARD \_\_\_ CASH OR CHECK

ACCOUNTS PAYABLE CONTACT NAME

A/P EMAIL ADDRESS

A/P PHONE #

**TRADE REFERENCES**

BUSINESS NAME/CONTACT

ADDRESS

PHONE #

ACCOUNT #

BUSINESS NAME/CONTACT

ADDRESS

PHONE #

ACCOUNT #

BUSINESS NAME/CONTACT

ADDRESS

PHONE #

ACCOUNT #

**BANK INFORMATION**

NAME OF BANKING INSTITUTION

ADDRESS

PHONE #

ACCOUNT #

**APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:**

1. ALL INVOICES WILL BE PAID ACCORDING TO YOUR PUBLISHED TERMS.
2. (WE)(I) WILL PAY LATE PAYMENT FINANCE CHARGES WHICH ARE COMPUTED BY A "PERIODIC" RATE OF 1/2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% APPLIED TO PAST DUE BALANCES.
3. (WE)(I) AGREE TO NOTIFY YOU IMMEDIATELY OF ANY CHANGES OF OWNERSHIP.
4. IN THE EVENT ACCOUNT IS PLACED FOR COLLECTION, I AGREE TO PAY ALL REASONABLE CHARGES INCLUDING ATTORNEY'S FEE AND FURTHER AGREE THAT A CHARGE OF 20% OF THE AMOUNT OF THE CLAIM SHALL BE CONSIDERED REASONABLE AS A FEE.

I/WE

PRINT FULL NAME - OWNER (1)

FULL NAME - OWNER (2) (IF APPLICABLE)

HOME ADDRESS

PRINT ADDRESS - OWNER (1)

ADDRESS - OWNER (2) (IF APPLICABLE)

ACKNOWLEDGE THAT I/WE HAVE A PERSONAL FINANCIAL INTEREST IN THE CLOSELY HELD CORPORATION, PARTNERSHIP, OR PROPRIETORSHIP SUBMITTING THIS APPLICATION (SUCH APPLICATION HEREIN AFTER REFERRED TO AS THE "COMPANY") IN CONSIDERATION OF THOMSEN BUYER, LLC. EXTENDING CREDIT TO THE COMPANY, I/WE HEREBY PERSONALLY GUARANTY TO THOMSEN BUYER, LLC. THE PAYMENT OF ANY FUTURE DEBT OR FUTURE OBLIGATION OF THE COMPANY AND ANY PAST DEBT OF THE COMPANY. I/WE HEREBY AGREE TO BIND MYSELF/OURSELVES TO PAY THOMSEN BUYER, LLC ON DEMAND ANY SUM WHICH MAY BECOME DUE AND PAYABLE TO THOMSEN BUYER LLC. BY THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTY SHALL BE A CONTINUOUS AND IRREVOCABLE GUARANTY AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY. I/WE DO HEREBY WAIVE NOTICE OF DEFAULT, NONPAYMENT, AND NOTICE THEREOF AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED. I/WE FURTHER UNDERSTAND THAT THOMSEN BUYER, LLC IS SPECIFICALLY RELYING UPON THIS PERSONAL GUARANTY IN EXTENDING CREDIT TO THE COMPANY AND THAT WITHOUT THIS GUARANTY THOMSEN BUYER LLC WOULD NOT EXTEND SUCH CREDIT.

WITNESS SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

WITNESS - PRINT NAME

AUTHORIZED SIGNER - PRINT NAME

\*\*\*\*IMPORTANT - MISSING INFORMATION WILL DELAY PROCESSING THIS APPLICATION\*\*\*\*  
PLEASE BE SURE THE AUTHORIZED SIGNER ON THIS PAGE IS ALSO A SIGNER ON THE BANK ACCOUNT

**\*\*\*\*\*Please be sure to complete all sections so we can accommodate your account and delivery preferences\*\*\*\*\***

**Monthly Statement Preference**

\_\_\_\_\_ Email Statement      \_\_\_\_\_ Mail Statement      \_\_\_\_\_ No Statement

**HOURS OF OPERATION & PREFERRED DELIVERY TIME**

	<b>OPEN</b>	<b>CLOSE</b>	<b>DELIVERY WINDOW</b> <i>WE CANNOT GUARANTEE TIMES BUT WE WILL DO OUR BEST TO ACCOMMODATE YOUR PREFERENCES</i>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

Contact for Delivery Questions:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_

\_\_\_\_\_

Lock Box Code (if applicable): \_\_\_\_\_

**WE OFFER KEY DROP DELIVERY OPTION PLEASE NOTIFY YOUR SALES REP IF YOU WOULD LIKE TO PROVIDE US WITH A KEY TO MAKE YOUR DELIVERY!**



### **EASY PAY PAYMENT PROCESSING (ACH)**

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started! Terms will be established and agreed upon by both parties. Once your application is approved, we will complete payments automatically on their due date.

**Please complete the information below:**

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Routing/Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

I/We, \_\_\_\_\_, hereby authorize **Thomsen Foodservice** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries (for balances as they come due according to the terms on the account), to my (our) bank account as listed above and the depository named below, to debit and/or credit the same to such account. The authorization will remain in full force and effect until E.B. Thomsen receives written notification of termination and has a reasonable period of time (not less than 10 business days) to act upon such notice.

Print Name(s): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach voided check or deposit slip (to confirm account information)**



## Credit Card Authorization Form

Date: \_\_\_\_\_

I, \_\_\_\_\_, proprietor of \_\_\_\_\_,  
hereby authorize Thomsen Buyer LLC to charge my credit card listed for balances due to Thomsen  
Foodservice.

***Please note a 3% convenience fee will be applied to all credit card charges.  
All credit card payments are charged on a weekly basis on Fridays.***

Type of card (circle one):      Visa    MasterCard    American Express    Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

\_\_\_\_\_  
Card Holders Full Name

\_\_\_\_\_  
Billing Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Security Code (3 digit # on back (Visa/MC/Discover) or 4 digit # on front (Am. Exp.))

Would you like a receipt mailed to the billing address listed on your account?

Yes \_\_\_\_\_ No \_\_\_\_\_



*Thank you for your completing this credit application!*

Please submit by either:

- Handing it directly to your sales representative
- Emailing it to our fabulous Credit & Collections Manager, Ally Benmeziane at: [abenmeziane@thomsonfoodservice.com](mailto:abenmeziane@thomsonfoodservice.com)
- Fax it: 401-431-1618
- Mail it: Thomson Foodservice, 141 Narragansett Park Drive, East Providence, RI 02916

*“We look forward to servicing you!”*