



# PFG HALE

## CUSTOMER INFORMATION AND CREDIT APPLICATION

SHIP TO:	_____	BILL TO:	_____
	Legal Business Name		Customer Name
	_____		_____
	DBA or Trade Name		Address
	_____		_____
	Street Address		City, State, Zip
	_____		_____
	City, State, Zip		Phone #      Fax#
	_____		_____

Type of Business:  Corporation     Partnership     Proprietorship     Government     Other \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Is Building:  Owned     Leased

Landlord or Mortgage Holder \_\_\_\_\_ Phone \_\_\_\_\_

### Officers, Owners, or Partners Names & Residence Addresses

_____	_____	_____
Name & Title	Name & Title	Name & Title
_____	_____	_____
Street Address	Street Address	Street Address
_____	_____	_____
City, State, Zip	City, State, Zip	City, State, Zip
_____	_____	_____
Social Security #	Social Security #	Social Security #
_____	_____	_____
Residence Phone #	Residence Phone #	Residence Phone #

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Account # \_\_\_\_\_

### FOOD DISTRIBUTOR CREDIT REFERENCES

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The above information is true and correct. Authorization is hereby given to make inquiry of all trade and financial sources which are deemed necessary by PFG Hale to properly evaluate this account. I request that credit be extended to the applicant and, if extended, agree to abide by the credit terms as granted by PFG Hale. I agree to pay a service charge of \$25.00 for any checks returned from our bank unpaid for any reason. Should either the applicant, or the undersigned, fail to make payment as required by the terms granted, the undersigned agrees to pay the expenses of collection, including reasonable attorney fees of not less than 15% of the balance due, if the services of an attorney are required to effect collection.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Sales Rep Name \_\_\_\_\_ Number \_\_\_\_\_

Average Weekly Purchases \_\_\_\_\_ Terms Requested: \_\_\_\_\_



*"The Innovative  
Leader in  
Customer Satisfaction"*



TRADE OR BANKING CREDIT INQUIRY



Credit Department:

The business or individual listed below has applied for open credit with PFG Hale. Please provide us with the following financial information to be used as a basis for extending credit terms to this customer. Thank you in advance for your assistance.

_____ Signature of Customer	_____ Bank Name
_____ PFG Hale Employee	_____ Bank Address
_____ Title	_____ Bank Account Number

Customer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date Account Opened: \_\_\_\_\_  
Terms Given: \_\_\_\_\_  
High Credit: \_\_\_\_\_  
Current Balance: \_\_\_\_\_  
Past Due Balance 30 Days \_\_\_\_\_  
Past Due Balance 60 Days \_\_\_\_\_  
Past Due Balance 90 Days \_\_\_\_\_  
Any Returned Checks? \_\_\_\_\_  
Customer Pays \_\_\_\_\_ Prompt \_\_\_\_\_ Days Slow \_\_\_\_\_ Unsatisfactory  
Comments: \_\_\_\_\_  
\_\_\_\_\_

_____ Signed	_____ Title	_____ Date
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Sales and Transportation Department Use ONLY

## NEW CUSTOMER DATA SHEET

(DSR Fill Out Completely)

### DELIVERY INFORMATION

CUSTOMER NUMBER: \_\_\_\_\_ (to be filled in by Credit Department)

CUSTOMER NAME: \_\_\_\_\_

PHYSICAL ADDRESS: (NO P.O. BOX #): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED DELIVERY DAYS    M    T    W    R    F

DELIVERY TIMES    \_\_\_\_\_ AM    PM                      \_\_\_\_\_ AM    PM

                                 \_\_\_\_\_ AM    PM                      \_\_\_\_\_ AM    PM

DIRECTIONS FROM CLOSEST EXISTING CUSTOMER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF FIRST DELIVERY \_\_\_\_\_

THIS INFORMATION MUST BE GIVEN TO TRANSPORTATION AT LEAST 3 DAYS BEFORE FIRST DELIVERY.