

Credit Application

We appreciate your interest in opening an account with Bressler's, Inc. Please complete all fields and return this form.


COMPANY INFORMATION				
Complete Legal Name				
DBA (Doing Business As)				
Street Address and PO Box			City	State
				Zip
Phone	Fax	E-Mail Address		
BUSINESS INFORMATION				
BUSINESS STRUCTURE (Check Button) <input type="radio"/> Sole Partnership ** <input type="radio"/> Partnership ** <input type="radio"/> LLC ** <input type="radio"/> Corporation				
State of Formation	Year Business Established	Type of Business	PA TAX EXEMPTION <input type="checkbox"/> YES <input type="checkbox"/> NO	
Federal ID #	Website Address	If YES, please attach a copy of your Sales Tax Exempt Certificate		Tax Exempt #
KEY PERSONNEL				
Title	Contact Name	Phone	Fax	E-Mail Address
Principal / Officer				
Purchasing Manager				
Authorized Purchasers				
A/P Contact				
PO Required <input type="checkbox"/> YES <input type="checkbox"/> NO				

** If your business is a **Sole Proprietorship**, a **Partnership** or **taxed as a Partnership**, please complete this section.

Name	Title	Social Security Number

PRIVACY POLICY: Bressler's, Inc. regards this Application and the information provided as confidential. We are committed to the responsible use and protection of your confidential information by limiting the access, use and retention of confidential information to what we believe is necessary to conduct our business and extend credit to you.

BANK REFERENCE			
Name of Banking Institution			Account Number
Street Address			City
			State
			Zip
Phone	Fax	Contact Name	Contact E-Mail Address

TRADE REFERENCES (Bressler's, Inc. requires at least three trade references. If you have more than three, please attach to this APPLICATION.)				
Name of Reference #1			Account Number	
Street Address and/or PO Box			City	State Zip
Phone	Fax	E-Mail Address		
Name of Reference #2			Account Number	
Street Address and/or PO Box			City	State Zip
Phone	Fax	E-Mail Address		
Name of Reference #3			Account Number	
Street Address and/or PO Box			City	State Zip
Phone	Fax	E-Mail Address		
INVOICING				
 Bressler's, Inc. is going paperless in an effort to reduce our carbon footprint and save paper. Please help us conduct our business in ways that protect our planet by providing your e-mail address or fax number so we can send your invoices electronically. LET'S GO GREEN.				
Check Invoice Preference		<input type="checkbox"/> E-Mail (please provide e-mail address here)		<input type="checkbox"/> Fax (please provide fax number here)
CREDIT RELEASE AND PAYMENT AGREEMENT				

*Applicant agrees to pay all Bressler's, Inc. invoices promptly on agreed terms of **NET 30 DAYS**. After 30 days finance charges accrue at an annual interest rate of 18%. Applicant expressly agrees that it shall be liable for and **APPLICANT AGREES TO** pay all costs and fees, and any other expenses, whether or not incurred in connection with litigation, associated with the enforcement of any of the terms of this Application and a default under this Application, including not limited to reasonable attorney fees, court costs, and costs of collection.*

*The above information is being provided in conjunction with a request for open credit terms from Bressler's, Inc. I hereby certify under penalty of perjury that the information provided is true and correct to the best of my knowledge. If this Application is accepted by Bressler's, Inc., the undersigned agrees to terms of **NET 30 DAYS**. The undersigned further agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with the laws of the State of Pennsylvania without regard to or application of conflicts of law rules or principles.*

Applicant/Preparer
Printed Name _____

Title _____

Signature _____

Date _____

Signature and date required to process Application
Thank you.