



Specialty Distributors

Restaurant Food Equipment & Supplies

Application for Purchasing Credit

For accuracy and timeliness, please fill out ALL of the following information correctly.

Date: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Best Invoicing Method: Mail to Billing Address Fax Email: _____

Owner/Officer Name: _____ Years in Business: _____

Federal ID OR Social Security (Circle One): _____

Please include a copy of your Tax Exemption certificate and W-9, if applicable.

Trade References:

Please include an email address or fax number. Applications may be denied if neither are provided.

1. _____ Phone: _____ Email: _____

2. _____ Phone: _____ Email: _____

3. _____ Phone: _____ Email: _____

4. _____ Phone: _____ Email: _____

Bank Information:

Name: _____ Phone: _____ Email: _____

Account Number: _____ Contact: _____

I hereby acknowledge that the above information is true and correct. I authorize the release of any and all credit and financial information to Specialty Distributors. A copy of this authorization can be accepted as an original.

Signature of Authorized Person: _____ Date: _____

Printed Name: _____ Title: _____

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