

RIDGE PRODUCE INC.  
FAX TO 718 861 7474

## Credit Application

Date: \_\_\_\_\_ Name of Corporation: \_\_\_\_\_

Shipping Name : \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Name (if different from shipping): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_ Accounts Payable Person: \_\_\_\_\_

Name of Principals:

(1) \_\_\_\_\_  
(Name)

\_\_\_\_\_

\_\_\_\_\_

(Address)

\_\_\_\_\_

(Phone #)

(3) \_\_\_\_\_  
(Name)

\_\_\_\_\_

\_\_\_\_\_

(Address)

\_\_\_\_\_

(Phone #)

(2) \_\_\_\_\_  
(Name)

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

\_\_\_\_\_  
(Phone #)

Type of Establishment (Check one or More)  Bar  Catering Hall  Diner  
 Corporate Dining Room  Restaurant

Establishment is a (Check One)  Sole Proprietorship  Partnership  Corporation (Officer and Title)

## REFERENCES

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

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Bank Credit Reference

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

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

