

# BOWIE PRODUCE COMPANY, INC.

2020 BEAVER ROAD

LANDOVER, MD 20785

301-583-7500

301-583-7604 fax (Sales)

(800) 92- Bowie

301-583-7603 fax (Accounting)

## APPLICATION FOR CREDIT

Name of Firm or Individual: \_\_\_\_\_

Address (Billing): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years at this Address: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number : (    ) \_\_\_\_\_ - \_\_\_\_\_

P. A. C. A. License # (if applicable) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Liquor License #: \_\_\_\_\_

### The following information must be provided.

### All information will be held in strictest confidence.

Type of business: (check one) \_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Individual

Name(s) of Principal(s), Complete Address(es), Phone(P), Fax(F), Mobile (M)

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

**Banking/Checking Account Number:** \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_

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

Bank Officer/Contact: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number : (    ) \_\_\_\_\_ - \_\_\_\_\_

### **References: (Name, Address, Contact, Phone Number)**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

## **PERSONAL GUARANTEE**

I/We certify that all information on this form is correct. I/We fully understand your credit terms and agree to the proper payment in consideration of extended credit. By signing this I/We personally guarantee payment in full for any debt incurred between Bowie and said above and agree to pay any legal/collection fees and any interest imposed on Bowie as a result of collecting any debts due Bowie by above entity/company. I/We agree to pay C. O. D. until credit terms are approved. I/We waive my rights to the homestead exemption where applicable.

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