

**MAYSON FOOD PRODUCTS, INC.**

1200 ALPHA DRIVE  
 ALPHARETTA, GA 30004  
 770.667.7621 Phone  
 770.667.7620 Fax

# Credit Application

## Business Contact Information

Business Name:			
Owner's Name:			
Phone:	Fax:	E-mail:	
Billing Address:			
City:	State:	ZIP:	
Shipping Address:			
City:	State:	ZIP:	
Year Established:			

## Credit Information

Bank Name:	Contact Person:		
Bank Address:			
City:	State:	ZIP:	Phone:
Federal ID#:			

## References

(Please provide no more than 1 Foodservice Distributor Reference)

1.	Company Name:		
	Address:		
	City:	State:	ZIP:
	Phone:	Fax:	E-mail:
2.	Company Name:		
	Address:		
	City:	State:	ZIP:
	Phone:	Fax:	E-mail:
3.	Company name:		
	Address:		
	City:	State:	ZIP:
	Phone:	Fax:	E-mail:
4.	Company Name:		
	Address:		
	City:	State:	ZIP:
	Phone:	Fax:	E-mail:

## Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made with 7 working days.
3. By submitting this application you authorize Mayson Food Products, Inc. to make inquiries to the banking, business, and/or trade references you have supplied.

## Signature

Title:  
Date:

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**-- Must be filled in by Owner, Officer, or Authorized Employee --**

Please initial:

\_\_\_\_\_ Invoices over 30 days may be assessed finance charges. Mayson Food Products, Inc., reserves the right to charge interest of 18% per annum (1.5% monthly) or at the highest rate available under applicable law, to any account balance exceeding 30 days. Applicant further agrees that with regard to said account and finance charges, applicant and Mayson Food Products, Inc., are parties to a written contract. In the event that it becomes necessary for Mayson Food Products, Inc., to file suite to enforce payment, Mayson Food Products, Inc., shall be entitled to all attorney fees plus costs incurred in the collection of all amounts due and payable. I, \_\_\_\_\_ (print name), the undersigned, accept the above terms, and have provided true and accurate information in the customer credit application. In case of non-payment, the undersigned agrees to be personally and individually liable for any indebtedness owed by the corporation or limited liability company.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

**MAYSON FOOD PRODUCTS, INC.**

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**Vendor Shipping/Receiving Information**

Please Indicate:

Receiving Days: \_\_\_\_\_

Receiving Hours: \_\_\_\_\_

Appointment Needed:        Y    N

Appointment Contact Name: \_\_\_\_\_

Appointment Scheduling Method:        Phone    Website    Email

Appointment Contact Info (corresponding to selection above):

\_\_\_\_\_

Warehouse – Dock High:        Y    N

Please indicate any special needs (e.g. Lift Gate Needed; Storage Unit  
Delivery, etc.)

\_\_\_\_\_

\_\_\_\_\_