



Mailing Address:
P.O. Box 707
Forest Park, GA 30298

Office: (404) 363-9800
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www.phoenixwfs.com

Credit Application and Customer Information

Please Check Appropriate Type: New Customer Existing Customer Account # _____
Please Circle Type of Credit Requested: COD / 10 Day Credit / Credit Card

****PLEASE COMPLETE APPLICATION IN ITS ENTIRETY AND FAX OR DELIVER BACK TO THE ADDRESS ABOVE****

Customer Name: _____

Location Address:

Street: _____
City: _____
State: _____ Zipcode: _____

Billing Address:

Street: _____
City: _____
State: _____ Zipcode: _____

Contact Information:

Business #: _____ Accounting #: _____
Owner's #: _____ Alternate / Cell #: _____
Fax #: _____

Contact Person:

Accounts Payable: _____ Chef/Manager: _____
Email: _____ Email: _____

Company Website: www._____

Type of Business: Sole Proprietor / Partnership / LLC / Corporation Years In Business: _____

Corporate Name: _____ Tax ID #: _____

Principal Business Address: _____

Owner / Officer Information:

Name: _____ Address: _____ SSN: _____

Name: _____ Address: _____ SSN: _____

Name: _____ Address: _____ SSN: _____

Has any individual or entity on this application filed bankruptcy? Yes / No
Are there any outstanding liens or judgments against any party on this application? Yes / No
Is anyone listed on this application party to an active lawsuit? Yes / No
Is this location affiliated with any existing Phoenix customer? Yes / No If Yes, Phoenix Account # _____

Question: Are you engaged in the business of buying or selling perishable agricultural commodities in wholesale quantities? Yes / No If Yes, Do you have a PACA license? Yes License # _____ / No

How much do you anticipate buying with us on a monthly basis? \$ _____

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