

APPLICATION FOR CREDIT FORM
T.F. KINNEALEY & CO., INC.

ACCOUNT NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE # _____ FAX # _____ EMAIL _____

BILLING ADDRESS (If different from above)
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE # _____ FAX # _____ EMAIL _____

A/P CONTACT INFORMATION (Statements can be faxed or emailed)
CONTACT NAME _____
A/P EMAIL _____
A/P FAX _____

YEAR ESTABLISHED _____

BUSINESS TYPE Proprietorship Partnership Corporation

LOCATION Own Leased

IF LEASED: NAME OF LESSOR _____
 ADDRESS OF LESSOR _____

OWNERS AND/OR OFFICERS

NAME	_____	TITLE	_____
NAME	_____	TITLE	_____
NAME	_____	TITLE	_____

TRADE REFERENCES (Other than Liquor Dealers)

COMPANY	_____	CITY/STATE	_____
COMPANY	_____	CITY/STATE	_____
COMPANY	_____	CITY/STATE	_____

**APPLICATION FOR CREDIT FORM
T.F. KINNEALEY & CO., INC.**

BANK REFERENCE

NAME OF BANK _____
ADDRESS _____
ACCOUNT TYPE _____ ACCOUNT # _____
BANK OFFICER _____

**CONTINUING ABSOLUTE PERSONAL GUARANTEE OF PAYMENT TO
T.F. KINNEALEY & CO., INC.**

To induce T.F. Kinnealey & Co., Inc. 1100 Pearl Street, Brockton, MA 02301, to sell meat and other food products and to extend credit to _____ I / We _____
as _____ hereby personally guarantee/hereby jointly and severally personally guarantee the payment of any indebtedness which may from time to time be incurred by said corporation to T.F. Kinnealey & Co., Inc. In the event of a default at any time by said corporation, T.F. Kinnealey & Co., shall be entitled to look to me/us immediately for such payment without prior demand or notice.

This guarantee shall continue to be in full force and effect until such time as the undersigned shall give T.F. Kinnealey & Co., Inc. written notice of revocation by certified mail, return receipt requested or in person at 1100 Pearl Street Brockton, MA 02301. Such notice of revocation shall not be effective as to any indebtedness existing at the time of the revocation or as to any transaction or commitment previously undertaken by T.F. Kinnealey & Co., Inc. in reliance upon this continuing absolute guarantee of payment.

DATE _____ GUARANTOR _____
DATE _____ GUARANTOR _____

The undersigned, as duly authorized agent of the applicant, hereby acknowledges that should T.F. Kinnealey & Co. institute any action for collection of any balance due, in addition to the actual balance, applicant shall be responsible for all costs and fees, including reasonable attorney's fees, associated with any collection. In addition, any unpaid balance not paid when due shall accrue interest at the rate of one (1%) percent per month.

DATE: _____ APPLICANT: _____

Before Submission - Please verify that all information has been FULLY completed on BOTH pages.

MAIL TO: T.F. KINNEALEY & CO., INC. / ATTN: CREDIT DEPT / 1100 PEARL STREET / BROCKTON MA 02301