**28740 Glenwood Rd. Fax the completed form to Perrysburg, OH 43551 419-241-0670 or email it to**

**800-828-8564 Kristy Burns**

**https://www.burkett.com kristy.burns@burkett.com**

**Customer Credit Application**

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Customer Legal Name and DBA (if applicable)

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Phone Alternate Phone Fax

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Purchasing Contact & Email Accounts Payable Contact & Email

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Billing Address City, State Zip Code

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Shipping Address (if different) City, State Zip Code

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Type of Business (C, SP, P, LLC) EIN/Federal Tax ID D&B Number

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Reference Bank Contact Name Account #

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

Bank Address Bank Phone Bank Fax

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(1) Trade Reference Name Address Phone Fax

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(2) Trade Reference Name Address Phone Fax

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(3) Trade Reference Name Address Phone Fax

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Officer/Owner Name Address Phone SSN

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Initial Order Amount Credit Line Requested Tax Exempt Y/N (attach certificate)

The undersigned person, acting as a fully authorized representative for the customer, verifies that all information provided within this application is true and correct and hereby authorizes Burkett Restaurant Equipment to obtain from third parties any information that we deem necessary to arrive at a credit decision. By signing below, the customer authorizes us to review their personal and/or business credit profile during an initial credit decision and whenever updating, renewing or extending credit in the future or collecting resultant accounts. The customer authorizes all deposit, borrowing, financial and trade information to be released to us by telephone, fax or email. A copy or fax of this authorization shall be valid as the original.

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Signature Print Name and Title Date Signed

Sales \_\_\_\_\_\_\_\_ Approved AJ \_\_\_\_\_\_\_\_ Approved JB \_\_\_\_\_\_\_\_ Limit/Terms \_\_\_\_\_\_\_\_\_\_\_\_\_