

Fax the completed form to 419-241-0670 or email it to Accounting at Accounting@burkett.com

Customer Credit Application

Customer Legal Name and DBA (if	applicable)		
Phone	Alternate Phone		Fax
Purchasing Contact & Email		Accounts Paya	able Contact & Email
Billing Address	City, State		Zip Code
Shipping Address (if different)	City, State		Zip Code
Type of Business (C, SP, P, LLC)	EIN/Federal Tax ID		D&B Number
Reference Bank	Contact Name		Account #
Bank Address	Bank Phone		Bank Fax
(1) Trade Reference Name	Address	Phone	Fax
(2) Trade Reference Name	Address	Phone	Fax
(3) Trade Reference Name	Address	Phone	Fax
Officer/Owner Name	Address	Phone	SSN
Initial Order Amount	Credit Line Requested	Tax Exempt Y	/N (attach certificate)
The undersigned person, acting as a fully a application is true and correct and hereby a deem necessary to arrive at a credit decision credit profile during an initial credit decision accounts. The customer authorizes all dependent. A copy or fax of this authorization s	authorizes Burkett Restaurant Equipme on. By signing below, the customer au n and whenever updating, renewing or posit, borrowing, financial and trade info	ent to obtain from third parti thorizes us to review their p extending credit in the futur	es any information that we bersonal and/or business re or collecting resultant
Signature	Print Name and Title		Date Signed