



KRINOS FOODS LLC

TEL: (718) 729-9000
FAX: (718) 361-9725

NEW ACCOUNT APPLICATION

1750 Bathgate Avenue
Bronx, NY 10457
credit@krinos.com

Please complete all information, sign your application and return via e-mail at credit@krinos.com or fax (718) 361-9725.

BILLING INFORMATION:

Business Name		Trade Name	
Billing Address			
City		State	Zip
Telephone	Fax	Mobile	Contact:

COMPANY INFORMATION:

<input type="checkbox"/> Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	Email	(For Buyer Access to B2B website)
No. of Years in Business		Federal ID#		
If Corporation: Principal Officer			Title	

If Partnership or Individual, Please indicate Name, Social Security Numbers, and Address of Principals:

1	Name	Social Security No.
Address		
2	Name	Social Security No.
Address		

SHIPPING ADDRESS (if different from billing):

Shipping Address		
City	State	Zip

BANK REFERENCE:

Bank Name	
Location / Branch	Telephone No.
Account Number	Contact

TRADE REFERENCES:

1	Company Name
Address	
Telephone No.	Fax No.
2	Company Name
Address	
Telephone No.	Fax No.
3	Company Name
Address	
Telephone No.	Fax No.

TYPE OF ACCOUNT:

AMERICAN
 ETHNIC
 Deli / Grocery
 Gourmet Shop
 Supermarket
 Grocery Distributor
 Deli Distributor
 Full Line Distributor
 Food Service Distributor

The foregoing information is required and supplied in support of this application for open account credit. Krinos Foods LLC may get information from trade and bank references. It is understood that our payment terms vary and any payments after due date will be assessed a finance charge of 1% per month. All information provided to Krinos Foods LLC will be kept strictly confidential.

NAME	TITLE
SIGNATURE (required)	DATE