ENA MEAT PACKING & SENAT POULTRY

240 EAST 5TH STREET PATERSON NJ 07524

973-742-4790

APPLICATION MUST BE COMPLETED AND SIGNED IN ORDER TO PROCESS - FAX/EMAIL WILL SERVE AS ORIGINAL

BILL TO:			**SHIP TO:** ☐ *SAME AS BILLING*		
Name:			Name:		
DBA:					
Address:			Address:		
City: State:		ZIP Code:	City: State:		ZIP Code:
Phone:	Fax:		Phone:	Fax:	
E-mail:			E-mail:		

Type of Business:	Sole proprietorship:	Partnership:	Corporation:	Other:
Date Business Started	FED TAXID#		Credit Line Requested:	

Will your company pay from a faxed/email invoice? Yes_____ No_____ if yes please list fax number/email _____

OFFICERS/OWNERS/AP PERSONNEL					
Name:			Name:		
Address:			Address:		
City: State:		ZIP Code:	City: State:		ZIP Code:
Phone:	Fax:		Phone:	Fax:	
E-mail:			E-mail:		
SSN:	Drivers License:		SSN:	Drivers License:	
Accts. Payable Mgr:			E-mail:	PO# Required: YES___, NO _____	
Names and Titles of Authorized Purchasers:					

BANK REFERENCE (please attach a separate paper for additional references)			
Bank name:	Account number:		**Phone:**
Bank address:	**Type of account:**		**Fax:**
City:	State:	ZIP Code:	**E-Mail:**

BUSINESS/TRADE REFERENCE (please attach a separate paper for additional references)					
Company name:			Company name:		
Address:			Address:		
City: State:		ZIP Code:	City: State:		ZIP Code:
Phone:	Fax:		Phone:	Fax:	
E-mail:			E-mail:		
Type of account:			Type of account:		
Company name:			Company name:		
Address:			Address:		
City: State:		ZIP Code:	City: State:		ZIP Code:
Phone:	Fax:		Phone:	Fax:	
E-mail:			E-mail:		
Type of account:			Type of account:		

AGREEMENT

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated with. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 33% collection charge on the entire unpaid balance. **THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY GUARANTEE.** If the undersigned resides in a state where community property laws exist, both spouses are to sign below.

PRINT NAME **DATE**

SIGNED

PRINT NAME **DATE**

SIGNED