



Schmaltz Delicatessen House Account Application

Client Information

Firm Name: _____ Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of business: _____ Year business opened: _____

Phone: _____ Fax: _____ Email: _____

Federal ID# or SS# : _____ Principal's name: _____

Bank Reference

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date account opened: _____

Trade References

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Company: _____ Date: _____

Signature: _____ Title: _____

Please print your name: _____

Fax form to (630)245-7596 or e-mail to nosh@schmaltzdeli.com