



KRINOS FOODS ATLANTA LLC

TEL: (678) 377-0098
FAX: (678) 377-0099

1810 Satellite Blvd, Suite 200
Buford, GA 30518

NEW ACCOUNT APPLICATION

BILLING INFORMATION:

Business Name		Trade Name:	
Billing Address:			
City		State	Zip
Telephone No.	Fax No.	Mobile:	Contact:

COMPANY INFORMATION:

<input type="checkbox"/> Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	Email: _____ (For Access to Online Ordering)
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	
Address:		

SHIPPING ADDRESS: if different than 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 supplied in support of this application for open account credit. It is understood that our payment terms vary and any payments after due date will be assessed a finance charge of 1% per month and Krinos Foods Atlanta LLC may get information from the trade references and the bank. All information furnished to Krinos Foods Atlanta LLC will be kept strictly confidential.

SIGNATURE:	PRINT NAME:
TITLE:	DATE:

