



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:**

Corporate    Partnership    Individual   **Email:** \_\_\_\_\_

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:

Name	Social Security No.
Address:	
Name	
Address:	

**SHIPPING ADDRESS: if different than billing**

Shipping Address:		
City	State	Zip

**TRADE REFERENCES:**

<b>1</b>	Company Name:
	Address:
	Telephone No.      Fax No.
<b>2</b>	Company Name:
	Address:
	Telephone No.      Fax No.
<b>3</b>	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: