



Credit Application – C.O.D. Cash or Check

Legibly fill in all spaces and complete by signing as indicated.

A signature is mandatory and should be signed by owner, partner or corporate officer, stating title.

Trade Style or Firm Name _____ If Corporation – Full Corporation Name _____

Business Address _____ City, State, ZIP _____

Business Phone # _____ Business Fax # _____ Date Established _____ Months/Years At Present Location _____

Ownership Data: Individual Owner General Partnership Limited Partnership Corporation LLC

If Incorporated, Date Incorporated: _____ Under Laws of What State _____

Owners / Officers

1. Full Name _____ Title _____ SS# _____

Home Address _____ City, State, ZIP _____

Cell # _____ Home # _____ Fax # _____ Email _____

Driver License Info. Name _____ DOB _____ D.L.# _____ D.L. Expiration Date _____

1. Full Name _____ Title _____ SS# _____

Home Address _____ City, State, ZIP _____

Cell # _____ Home # _____ Fax # _____ Email _____

Driver License Info. Name _____ DOB _____ D.L.# _____ D.L. Expiration Date _____

Have any of the above ever had a business failure or filed any type of bankruptcy proceeding? Yes No (If yes, describe fully on a separate page)

State Sales Tax#/ Resale # _____ State Issued _____ **Copy Required**

Business License # _____ State Issued _____ **Copy Required**

Is Your Business Location Owned? Yes No Leased? Yes No (If yes, complete the following)

Landlord Name _____ # _____ Email _____

Address _____ City, State, ZIP _____

MANDATORY INFORMATION NEEDED - Bank Reference

Bank Name _____ Branch Address _____ City, State, ZIP _____

Type of Account _____ Acct # _____ Officer _____ # _____

Current Vendors

Vendor Name _____ Contact _____ Office # _____ Fax # _____

Email _____

Vendor Name _____ Contact _____ Office # _____ Fax # _____

Email _____

Vendor Name _____ Contact _____ Office # _____ Fax # _____

Email _____

*Policy for Checks:

- If a check bounces for any reason, we are unable to accept any more checks; account will be c.o.d. cash only
- \$25.00 fee to re-deposit check, \$45.00 to charge back check
- Bounced checks are to be paid by cash only
- Any person who writes a check which is dishonored (bounced) for lack of funds or due to a closed account can be held liable for a penalty equal to three times the amount of the check, plus the face value of the check. The minimum penalty is \$100 and the maximum penalty is \$1500 (See California Civil Code section 1719).

The above information is submitted for the purposes of obtaining credit. The undersigned authorizes you to make such inquiries as are necessary to obtain credit information and authorize my bank, suppliers, and credit references to release information regarding my account(s). Applicant agrees to pay all charges according to terms of sale. Past due accounts will be charged service charges of 1.5% per month (annual percentage rate 18%).

I/we agree that in the event suit is commenced to enforce collection, the jurisdiction and venue of the action shall be exclusively in the Superior Court for the County of San Diego, San Diego Branch.

I/we agree to pay all legal costs including collection agency fees, costs, legal costs, and reasonable attorney's fees if it becomes necessary to enforce collection or file suit.

I/we certify that everything stated on this application is true and correct to the best of my/our knowledge.

Signature _____ Printed Name _____

Title _____ Date _____

Signature _____ Printed Name _____

Title _____ Date _____



Required Supplemental Information

Accounts Payable Contact Info.

Representative Name _____

Office # _____ Cell # _____ Email _____

If applicable, where should we send statements? _____

Special Concerns _____

Driver License Info.

Name _____ DOB _____ D.L. # _____ Expiration Date _____

Address _____

City, State, ZIP _____

Other Info. _____

Verified By Sales Rep.:

Name _____ Signature _____ Date _____

From all of us at Heartland Meat Co., thank you for your business!

Submit this application via email at ar@heartlandmeat.com or by faxing (619) 407-3678. For any questions, please contact the Accounts Receivable department at (619) 407-3668 and ask for Yadira Ortiz, Credit Manager.

Place your order today! Phone (619) 407-3688; Fax (619) 407-3677; Email order@heartlandmeat.com

Heartland Meat Co., Inc.
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Phone: (619) 407-3668 | Fax: (619) 407-3676
www.heartlandmeat.com