School / Non-Profit Credit Application

Phone: (313)921-1251
Fax: (313)921-4945

5100 St. Jean Detroit, MI 48213

Office Use			
1			Route
2		M	
3		T	
4		W	
5		H	
6		F	
7			

Bill to Information

Sales Tax Exemption #_____

_____
School Name District Name

_____
Street City State Zip Code
Contact Person For Billing:_____ Email: _____
Faxes

Ship to Information

☐ Check if the same as above

_____
School Name

_____
Street City State Zip Code
Contact Person For Shipping:_____ Email: _____

Phone: (_____) _____ Fax: (_____) _____

Estimated Weekly Delivery Amount: _____
Terms Requested: _____

Trade References:

Company Name	Address	Phone	Amt Owed	Terms

Account Information:

Hours of Operation:_____

Earliest Time accepting Deliveries_____ Latest Time Accepting Deliveries_____
Special Instructions:_____

For the purpose of obtaining Open Account Credit, I (We) state the above Information is true and correct.

The parties herby agree that all purchases are subject to the following terms and conditions: Payments are to be sent to: Atlas Wholesale Food Co, 5100 St. Jean, Detroit, MI 48213, in accordance with the Credit Terms that are granted. I(We) agree to pay 1.5% per month, annual percentage rate of 18%, Time – Price Differential Charge on my amount past due 30 days and over.I(We) understand returned checks will result in a $35.00 assessment which must be paid immediately. Atlas Wholesale Food Co shall have the right to demand payment of the return check(s) in CASH or CERTIFIED funds or MONEY ORDER within forty-eight (48) hours.

It is further agreed that the undersigned will pay all collection agency fees and reasonable attorney fees that may become necessary to effect collection of this account. All new accounts will be shipped C.O.D. until credit is approved by the credit office.

_____
Signature Printed Name Representative Date

☐ (initial box) I have reviewed, and understand, the return policy for Atlas Wholesale Food Company.