

**ART Catering, Inc.**

132 Jarrell Drive, Suite A  
Bell Chasse, LA 70037  
Phone: (504) 393-1252  
Fax: (504) 393-0517

Fax or Mail this Credit Application  
to ART Catering, Inc.

**CREDIT APPLICATION**

Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone : (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Accounts Payable Contact:**

Name: \_\_\_\_\_ Telephone : (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Authorized Buying Agent: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**CREDIT REFERENCES**

1) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name City/State/Zip Telephone

2) \_\_\_\_\_ ( ) \_\_\_\_\_

3) \_\_\_\_\_ ( ) \_\_\_\_\_

**FINANCIAL DETAILS**

Current Assets: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Current Liabilities: \_\_\_\_\_ Net Worth: \_\_\_\_\_

Line of Credit: \_\_\_\_\_

**TERMS and CONDITIONS**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. The above information is warranted to be correct and truthful today.</li> <li>2. Approval or rejection of credit is at the sole discretion of ART Catering, Inc (ACI).</li> <li>3. Consent is hereby given to any reference, supplier or bank listed above to release information to ACI, its agents or employees and to the disclosure by ACI to any credit reporting agency of to any person with whom I have or propose to have financial relations.</li> </ol> | <ol style="list-style-type: none"> <li>4. Payment is due 30 days from the date of the invoice and interest will be charged on overdue accounts at the rate of 1.75% per month (23.15% per annum) until paid. For example, if the outstanding balance is \$100.00, the total monthly charge will be \$1.75.</li> <li>5. Any Cost incurred to collect outstanding amounts will be charged to the customer on a solicitor and client basis.</li> </ol> |
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I have read the above Credit Application and agree to the above terms and conditions.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_