



Island Natural
42-07 20th Ave.
Long Island City, N.Y. 11105
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NEW ACCOUNT CREDIT APPLICATION

NAME OF ACCOUNT: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT PERSON: _____
CONTACT E-MAIL ADDRESS: _____

TO HELP US PROCESS YOUR APPLICATION FASTER, PLEASE SUPPLY US WITH REFERENCES VIA MAIL, FAX OR E-MAIL US AT info@islandnatural.com

BANK NAME: _____
ADDRESS: _____

ACCOUNT NUMBER: _____ PHONE: _____
CONTACT: _____

VENDOR NAME: _____
ADDRESS: _____

PHONE: _____ CONTACT: _____

VENDOR NAME: _____
ADDRESS: _____

PHONE: _____ CONTACT: _____

VENDOR NAME: _____
ADDRESS: _____

PHONE: _____ CONTACT: _____

SIGNATURE: _____ DATE _____



1. What is the legal form of your business?

a. What is the business exact complete legal name?

b. Under what name does the business operate?

c. If it is a partnership or sole proprietorship, please provide the following information:

OWNER NAME AND HOME ADDRESS:

OWNER SOCIAL SECURITY NUMBER:

2. What is the date that the business began under its' current ownership?

3. Please provide the names and phone numbers of the following person(s):

a. A/P CONTACT

b. PURCHASING CONTACT

1. If granted credit, I/we agree to pay all invoices within 30 days of the invoice date.
2. It is agreed that my/our account may become COD if I/we fail to pay within stated terms

3. My/our financial condition is satisfactory, and I/we are currently paying debts generally as they mature. There are no outstanding judgments against the firm at the present time.

I warrant that the foregoing information is true and correct to the best of my knowledge, and realize it will be relied upon in the granting of future credit.

Signature _____