



300 Breck St. Scranton, PA 18505

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# Wholesale Credit Application

Thank you for your interest in our quality Kosher poultry products. Please use this application to provide us with the necessary information to begin our partnership. We look forward to working together!

Company/Organization		Contact	
Email Address		Phone	
Mailing Address		Alt. Phone	
Shipping (If Different)		Fax	
Legal Form	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other:		
Type of Operation	Distributor <input type="checkbox"/> Supermarket <input type="checkbox"/> Online Sales <input type="checkbox"/> Caterer <input type="checkbox"/> Take-out <input type="checkbox"/> Restaurant <input type="checkbox"/> School <input type="checkbox"/> Non-Profit <input type="checkbox"/> Camp <input type="checkbox"/> Other:		
Owner(s)	Cell Phone	Ownership	
		%	Year Established
		%	Federal E.I.N.#

## Purchasing Information

Product Type	Order Frequency	Approximate Order Volume
<input type="checkbox"/> Fresh Iced	<input type="checkbox"/> Multiple-times-per-week	<input type="checkbox"/> >4,000 LBs per order (>2 pallets)
<input type="checkbox"/> Fresh Showcase	<input type="checkbox"/> Weekly	<input type="checkbox"/> 1,500-4,000 LBs per order (1-2 pallets)
<input type="checkbox"/> Frozen Bulk	<input type="checkbox"/> Monthly	<input type="checkbox"/> 300-1,500 LBs per order (10-30 cases)
<input type="checkbox"/> Frozen Showcase	<input type="checkbox"/> Yom Tov Time	<input type="checkbox"/> Less than 300 LBs (<10 cases)
<input type="checkbox"/> Frozen Prepared	<input type="checkbox"/> As Needed	

## References

	Bank	Business Ref. 1	Business Ref. 2
Name			
Address			
Contact			
Email			
Phone			

I certify that the above information is correct and accurate to the best of my knowledge. I grant David Elliot Poultry Farm, Inc. (DEPF) permission to contact the above references and to use the information provided to make their decision as far as selling me product and extending credit. I accept full responsibility for paying bills within the terms listed on the bill. I will notify DEPF as soon as possible if I wish to dispute a bill for any reason. I understand that if I choose to pay by credit card, a convenience fee of 2% will be applied toward credit card processing fees.

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

Please return completed application via: Fax 570-344-6349, Email [ar@davidelliotpoultry.com](mailto:ar@davidelliotpoultry.com)