



John C. Riccardo CHB Inc.

New Client Information & Credit Application

Company Name: _____ Years in Business: _____

Doing Business as: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Country: _____

Zip Code: _____ Phone: _____ Website: _____

Industry Description or SIC: _____

Bill to Party Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Country: _____

Zip Code: _____ IRS/SS# _____ U.S. Bond# _____

FDA Registration #: _____

How many monthly shipments do you anticipate? _____

Which U.S. Port (s) do you use most frequently? _____

Which modes of transportation do you use? _____

Contact Information

Primary Contact:

Name: _____ Title: _____

Email: _____ Phone: _____

Secondary Contact:

Name: _____ Title: _____

Email: _____ Phone: _____

Other Contact:

Name: _____ Title: _____

Email: _____ Phone: _____

Billing Contact Information

Contact:

Name: _____ Title: _____

Email: _____ Phone: _____

Secondary Contact:

Name: _____ Email: _____

Method of Delivery: Email _____ U.S. Mail _____ Fax : _____ (Please check desired method)

Credit References

175-11 148th Road Suite 206 Jamaica, New York 11434

Tel 718-917-8939 Email info@johnccriccardo.com

Bank References:

Bank Name: _____
Contact Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Country: _____
Zip Code: _____ Phone: _____ Fax: _____

Trade References:

Company Name: _____
Contact Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Country: _____
Zip Code: _____ Phone: _____ Fax: _____
Duns# (If Applicable) _____

Company Name: _____
Contact Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Country: _____
Zip Code: _____ Phone: _____ Fax: _____
Duns# (If Applicable) _____

Company Name: _____
Contact Name: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Country: _____
Zip Code: _____ Phone: _____ Fax: _____
Duns# (If Applicable) _____

I hereby acknowledge that the above information is true and correct and agree to the terms and conditions located on the attached document.

Signature: _____ Date: _____
Title: _____ Phone: _____