Nicholas Meat, LLC
Customer Commercial Credit Application

BILL TO ADDRESS:	SHIP TO ADDRESS:
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Phone Fax	Phone Fax

Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ _____

PLEASE ATTACHED COPY OF W-9

Date business started: _____

Tax Identification Number (TIN): _____

Nature of Business: _____

$ Amount of Credit Requesterd: _____

Standard Terms: Net 10 Days

D & B Number: _____

Name of Person to Contact Regarding Sales Orders and Invoices, Title, Phone, and email address

Bank Reference	Contact, Title, Phone and Fax Numbers

Trade References: Company Name, Address, Phone Number, Fax Number, and email address.

1

2

3

4

Please provide at least 3 credit references

The above information is correct to the best of my knowledge and I authorize Nicholas Meat, LLC to obtain credit information from my references.
The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.

SIGNED _____

TITLE _____

DATE _____

Additional Documents Needed

W-9

Financial Statements

v 11/3/2025