



Strassburger Meats

aged to perfection for five generations

PO Box 465 20 Broad Street Carlstadt, NJ 07072

201-842-8890 PHONE 201-842-8891 FAX

BUSINESS APPLICATION

RESTAURANT NAME			CORPORATE INFORMATION		
STORE NAME			STORE NAME		
ADDRESS			ADDRESS		
CITY		STATE	CITY		STATE
TEL. NO.		FAX NO.	TEL. NO.		FAX NO.
EMAIL			EMAIL		

DATE BUSINESS ACQUIRED	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LP	<input type="checkbox"/> LLC
/ /	STATE TAX NO.	FEDERAL ID NO.	CORPORATE ID NO.		

OWNER #1			OWNER #2		
NAME		OWNERSHIP %	NAME		OWNERSHIP %
HOME ADDRESS			HOME ADDRESS		
CITY		STATE	CITY		STATE
HOME TEL. NO.		SOCIAL SECURITY NO.	HOME TEL. NO.		SOCIAL SECURITY NO.
DRIVERS LICENSE NO.		STATE	DRIVERS LICENSE NO.		STATE

LANDLORD INFORMATION			
NAME		TEL. NO.	
ADDRESS		CITY	STATE
COMMENTS		ZIP	

TRADE REFERENCES			
1 NAME		CONTACT PERSON	TEL. NO.
ADDRESS		CITY	STATE
2 NAME		CONTACT PERSON	TEL. NO.
ADDRESS		CITY	STATE
3 NAME		CONTACT PERSON	TEL. NO.
ADDRESS		CITY	STATE

This Business Application is signed by the undersigned as a duly authorized representative of the Customer and individually. In order to (Company) to consider extending credit to the Customer, and for other good and valuable consideration: (a) without limiting any other remedy, all amounts owing to (Company) that are not paid when due shall bear interest at the rate of 18% annually; (b) as security for all obligations now and hereafter owing to (Company) the Customer hereby grants a security interest to in all of its inventory, fixtures and equipment located at the above address and in all the accounts, documents, instruments, chattel paper and general intangibles of the Customer; and (c) the undersigned personally guarantees full and prompt payment to (Customer) of all obligations of the Customer now and hereafter owed to (Company) including, without limitation, all amounts invoiced, costs of collection, court costs, reasonable attorney's fees and expenses and interest on overdue amounts. The obligations of the Customer and the undersigned are continuing and irrevocable and all defenses and all notices are hereby waived. The undersigned expressly agrees to the modification and/or renewal of all credit terms and/or extensions of credit to the Customer. Nothing herein shall obligate (Company) to accept any orders from, or extend any credit to, the Customer or the undersigned individually. All obligations hereunder are governed by and shall be construed under the laws of the state of (State Name). All obligations hereunder are joint and several. To induce acceptance of this Business Application, the Customer and the undersigned irrevocably submits to and consents to the jurisdiction of courts having siting in (County), State of (Company) or such other location selected by (Company Name).

The undersigned states that the information supplied on this Business Application is for the purpose of securing credit with (Company) and that such information is true and complete. (Company) is hereby authorized to obtain such further information as is necessary concerning the information stated in this Business Application. The undersigned fully understands the credit terms extended by (Company).

Signature X _____ (Owner) Print Name _____ Date _____

Signature X _____ (Owner) Print Name _____ Date _____

BUSINESS APPLICATION

RESTAURANT NAME			
STORE NAME			
ADDRESS			
CITY	STATE	ZIP	
TEL. NO.	FAX NO.		
EMAIL			

CORPORATE INFORMATION			
STORE NAME			
ADDRESS			
CITY	STATE	ZIP	
TEL. NO.	FAX NO.		
EMAIL			

DATE BUSINESS ACQUIRED	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LP	<input type="checkbox"/> LLC
/ /	STATE TAX NO.	FEDERAL ID NO.	CORPORATE ID NO.		

OWNER #1		
NAME	OWNERSHIP %	
HOME ADDRESS		
CITY	STATE	ZIP
HOME TEL. NO.	SOCIAL SECURITY NO.	
DRIVERS LICENSE NO.	STATE	

OWNER #2		
NAME	OWNERSHIP %	
HOME ADDRESS		
CITY	STATE	ZIP
HOME TEL. NO.	SOCIAL SECURITY NO.	
DRIVERS LICENSE NO.	STATE	

LANDLORD INFORMATION			
NAME	TEL. NO.		
ADDRESS	CITY	STATE	ZIP
COMMENTS			

TRADE REFERENCES			
1 NAME	CONTACT PERSON	TEL. NO.	
ADDRESS	CITY	STATE	
2 NAME	CONTACT PERSON	TEL. NO.	
ADDRESS	CITY	STATE	
3 NAME	CONTACT PERSON	TEL. NO.	
ADDRESS	CITY	STATE	

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