



La Galera Produce Credit  
Application  
2404 S. Wolcott Avenue Unit 26-27  
Chicago, IL. 60608  
(773) 446-6161  
Fax (773) 446-6165

**All questions must be answered for consideration of credit extension.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax Identification: \_\_\_\_\_ PACA: \_\_\_\_\_

Type of business: Corporation \_\_\_\_\_ Non-Profit \_\_\_\_\_ Partnership \_\_\_\_\_ Year established: \_\_\_\_\_

**Accounts Payable Information**

Accounts payable contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address for invoices: \_\_\_\_\_

**Management Information**

Owner Name: \_\_\_\_\_

Owner home address: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Direct contact number: \_\_\_\_\_

On site manager of person in charge: \_\_\_\_\_

Direct contact number: \_\_\_\_\_ alternate number: \_\_\_\_\_

**Credit References**

Company name	Contact name	Contact telephone number
1.		
2.		
3.		
4.		

Bank name: \_\_\_\_\_

Account number: \_\_\_\_\_

Bank contact: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

I, the undersigned, authorize banks and creditors to release requested credit information. I agree that invoices will be paid at a 21 day turn around, and that any uncollected debt may be subject to incurred late fees at 1.5% per month or legal rate as applicable. I further agree to pay all costs of collection, including reasonable attorney fees incurred in connection with the collection or attempted collection of any and outstanding debt.

Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**La Galera Use Only:**

**Credit application processed by:** \_\_\_\_\_

**References Checked:** \_\_\_\_\_

**Signed/Dated:** \_\_\_\_\_

**Final approval by:** \_\_\_\_\_