



CREDIT APPLICATION

TO BE USED ONLY BY PUBLIC AGENCIES OR NON-PROFIT ORGANIZATIONS

RETURN TO: SHOPPERS CLUB FOR BUSINESS, P.O. BOX 92217, ROCHESTER, NY 14692

Name of Organization	Approx. Amount of Monthly Credit Requested (minimum \$1,000):		
Street Address	City	State	Zip Code
Business Phone	Fax Number		Business Email Address
Chief Executive Officer	Email Address		
Purchasing Agent	Email Address		
Accounts Payable Director	Email Address		

TYPE OF ORGANIZATION (PLEASE CHECK ONE)

College Hospital Church School Nursing Home Government Agency Other/Describe:

Please state primary source and amount of annual funding:

Please list name & address of agency or regulatory authority
Where your annual Financial Report is on file.

If not a public document, please attach a copy of your latest year and financial report.

PLEASE LIST NAMES AND ADDRESSES OF COMMERCIAL CREDIT REFERENCES AND THE NAMES AND ADDRESSES OF YOUR PRINCIPAL BANKS.

Credit References	Address	
Bank Reference	Address	Account Number

IF SALES TAX EXEMPT, PLEASE PROVIDE US WITH A COPY OF YOUR STATE'S TAX EXEMPTION CERTIFICATE FOR OUR FILES.

I/we hereby authorize the creditor to investigate with the references listed and others and authorize those references and others to release any and all information to the creditor relating to our credit and financial responsibility. This agreement shall be governed by the laws of the State of New York without regard to principles of conflicts of laws. All disputes and/or transactions arising from this Application or Agreement shall be heard in a city, state or federal court located in Monroe County, New York, and each party hereby consents to the jurisdiction of each said courts.

This section must be signed by an Officer/Director/Principal/Superintendent/Pastor/GM

SIGNED BY
TITLE
DATE

For questions call 1-800-848-1555. Visit us at wegmans.com