



5105 Berwyn Road, Suite 101  
College Park, MD 20740  
301-220-1001

Controller: Jessica Gray / [jgray@laprimacatering.com](mailto:jgray@laprimacatering.com)

### CORPORATE CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_  
(Subsidiaries and affiliates must complete a separate application)

Name of Applicant: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

**TRADE REFERENCES:**

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Vendor Name	Address	Phone #	Account #
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Vendor Name	Address	Phone #	Account #
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Vendor Name	Address	Phone #	Account #
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Vendor Name	Address	Phone #	Account #
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**AGREEMENT:**

1. All invoices are to be paid 30 days from the date of delivery – accounts with unpaid invoices over 45 days are subject to a hold.
2. Claims arising from invoices must be made within 7 business days.
3. By submitting this application, you authorize La Prima Food Group to make inquiries into the trade references that you have supplied.
4. Payments can be made via ACH transfer or check with no additional cost (see page 2 for billing)  
All Credit Card charges will incur an additional 3% processing fee.

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The terms listed above are agreed and accepted by:

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Printed Name	Title	Signature	Date
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Forward your completed application to our Corporate Office at  
5105 Berwyn Road, Suite 101, College Park, MD 20740  
or e-mail to [accountsreceivable@laprimacatering.com](mailto:accountsreceivable@laprimacatering.com)

**COMPLETE THE REVERSE SIDE OF THIS FORM FOR BILLING PURPOSES**

**Federal Tax ID # 52-1478171**



**BILLING INSTRUCTIONS**

Do you require Purchase Orders?  Yes  No

If yes, please provide us with all necessary information to secure a purchase order in the special instructions below.

**BILLING INFORMATION:**

Bill-to Name: \_\_\_\_\_

Bill-to Address: \_\_\_\_\_

Bill-to E-mail: \_\_\_\_\_ Bill-to Phone Number: \_\_\_\_\_

A/P E-mail: \_\_\_\_\_ A/P Phone Number: \_\_\_\_\_

**TAX EXEMPT?**  Yes, Exemption # \_\_\_\_\_  No

**\*If yes, please attach a copy of your SALES & USE TAX EXEMPTION CERTIFICATE (IRS Letters are not accepted)\***

**Persons authorized to use this account:**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

**(If more space is required attach an additional sheet.)**

**If you have any special instructions not covered above, please explain in this section.**

\_\_\_\_\_  
\_\_\_\_\_

**To ensure proper billing, please notify us at [accountsreceivable@laprimacatering.com](mailto:accountsreceivable@laprimacatering.com) of any changes in billing instructions or authorized users.**

**LPFG Use Only Form Date 02/24**      **Approved** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Assigned Account Number** \_\_\_\_\_

**Check payments can be made payable to:**  
La Prima Catering  
5105 Berwyn Road, Suite 101  
College Park, MD 20740

**ACH/Wire Transfers can be sent to:**  
La Prima Catering (Eagle Bank)  
Routing #055003298  
Account #0200083640