

Grand Avenue Produce

8990 W Windsor Drive Peoria, AZ 85381 Office: **602.254.8643** Fax: **602.269.0881**

CREDIT APPLICATION

The undersigned company is applying for credit with Grand Avenue Produce and agrees to abide by the terms & conditions as presented and as follows.

Applicant Company Name			
DBA (if different than above)		Web Site	
Name of Applicant Company's Principal			
Social Security Number		Email Address	
Purchasing Contact		Email Address	
Accounts Payable Contact		Email Address	
Phone		Fax	
Billing Address			
Is Your Business Site Owned or Leased?		If Leased / Rented provide the Landlord Name <i>and</i> Phone Number	
Shipping Address (if different than billing address)			
Select Your Shipping Preference:		WILLCALL	DELIVERY
			Do you require a Purchase Order# on Invoices?
Federal Tax ID#		Vendor License, Resale or Tax Certification #	
DUNS#		Date Established	
Are you Tax Exempt?	Have Had Credit with us before?	If YES, under what business name?	
# of Employees	Parent Company Name <i>and</i> Phone#		
Select your business organization type:			
Corporation		Partnership	
Sole Proprietorship			
Officer <i>or</i> Partner Name		Title <i>or</i> Share	
Officer <i>or</i> Partner Residential Address <i>and</i> Phone#			
Officer <i>or</i> Partner Name		Title <i>or</i> Share	
Officer <i>or</i> Partner Residential Address <i>and</i> Phone#			
Officer <i>or</i> Partner Name		Title <i>or</i> Share	
Officer <i>or</i> Partner Residential Address <i>and</i> Phone#			

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1st Trade Business Name		Account #	
Contact		E-mail Address	
Phone	Alternate Phone	Fax	
2nd Trade Business Name		Account #	
Contact		E-mail Address	
Phone	Alternate Phone	Fax	
3rd Trade Business Name		Account #	
Contact		E-mail Address	
Phone	Alternate Phone	Fax	

1st Bank Name			Contact Name
Checking Account #	2nd Checkiing Acct#	Savings Accountt #	Phone #
2nd Bank Name			Contact Name
Checking Account #	2nd Checkiing Acct#	Savings Accountt #	Phone #

I (the undersigned) understand that by signing this credit application I am stating that I am a legal agent of the above mentioned applicant and that I have the authority to represent the applicant in this matter. Further, I hereby authorize Grand Avenue Produce to contact the listed trade references and to inquire about the applicant's payment practices and other factors that may help Grand Avenue Produce assess creditworthiness. I also authorize Grand Avenue Produce to contact the banking references listed above and I authorize the bank to provide Grand Avenue Produce with information regarding accounts and balances, lines of credit and other credit instruments. Further, I understand that I am authorizing Grand Avenue Produce to access national, regional, or local databaes to obtain any information that may assist in assesing credit risk. Grand Avenue Produce reserves the right to add interest to the outstanding balance monthly at the maximum rate of 1.5% should payment be delinquent beyond credit terms granted to the applicant, plus NSF or Stop Payment or Closed Account checks or revoked credit card payments will be charged \$25 per occurance.

Signed

Print Name	Title	Date
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I, or We (the undersigned) personally and individually guarantee the payment of any outstanding balances due Grand Avenue produce. Absent written permission by Grand Avenue Produce this personal guarantee may not be revoked. Should Grand Avenue Produce be forced to file a legal claim against the applicant and/or the undersigned for reason to recover the past due amount, it is the right of Grand Avenue Produce to add reasonable collection costs, legal costsand attorney fees to the assigned balance due.

Signed

Print Name	Title	Date
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