

# Poss Select Produce, Inc.

16 FOREST PKWY BLDG R-2 | FOREST PARK, GA 30297 | OFFICE (404) 361-0340 | FAX (404) 745-0355

## CUSTOMER CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Company Name			
Company Owner's Name(s)			
Federal Tax ID (FEIN)		Date Business Commenced	
Company Headquarters' Address City, State, Zip Code		<b>Type of Business:</b>	
		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
		<b>Requested Payment Terms:</b>	
		<input type="checkbox"/> C.O.D. <input type="checkbox"/> 7 Days	
Name of Person Completing Form		E-mail	
Title		Phone   Fax	
Restaurant Name		Shipping Address City, State, Zip Code	

### BANK/CREDIT REFERENCES

<u>Institution Name</u>	<u>Contact Name &amp; Title</u>	<u>Branch/Location</u>	<u>Phone Number/E-mail</u>

### BUSINESS/TRADE REFERENCES

Company name		Name	
Address		Phone   Fax	
City, State ZIP Code		E-mail	
Company name		Name	
Address		Phone   Fax	
City, State ZIP Code		E-mail	
Company name		Name	
Address		Phone   Fax	
City, State ZIP Code		E-mail	

### AGREEMENT

Customer agrees that interest shall accrue on any past-due acct balance at a rate of 1.5% monthly (18% annum) until full payment is received. Additionally, customer agrees to pay all fees up to and including 100% of any attorney fees to collect such debt.

Claims arising from invoices must be made within three (3) business days.

By submitting this application, you authorize Poss Select Produce, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURE

Signature(s)			
Printed Name and Title		Date	