



The Better Alternative



**CREDIT APPLICATION**

Please fill out completely, incomplete applications will be returned unprocessed.  
\*\* Orders are C.O.D. until credit is established\*\*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SALESPERSON: \_\_\_\_\_

**CUSTOMER INFORMATION**

Business Name: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Corp \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Year Established \_\_\_\_\_

Office # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Ext: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

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

.....  
**OWNERS OR OFFICERS**

Owner/Pres. Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Additional Officer Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

(OVER)

BANK INFORMATION

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Checking Account Number: \_\_\_\_\_

Signature for Bank Information Release \_\_\_\_\_

Print Name \_\_\_\_\_

Trade References (Food Purveyors Only)

Company Name: \_\_\_\_\_ Tele#: \_\_\_\_\_

Acct#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Company Name: \_\_\_\_\_ Tele#: \_\_\_\_\_

Acct#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Company Name: \_\_\_\_\_ Tele#: \_\_\_\_\_

Acct#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Company Name: \_\_\_\_\_ Tele#: \_\_\_\_\_

Acct#: \_\_\_\_\_ Fax#: \_\_\_\_\_

.....  
Landlord/Mortgage Holder

Name: \_\_\_\_\_ Tele#: \_\_\_\_\_

Address: \_\_\_\_\_

.....  
The undersigned authorizes Fine Foods of South Florida Corporation and its agents to make credit inquires and obtain whatever credit information is deemed necessary to extend credit hereunder and authorizes any credit reference and any credit bureau or reporting service to release information to Fine Foods of South Florida Corporation.

Date \_\_\_/\_\_\_/\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

.....  
Personal Guaranty

In consideration of Fine Foods of South Florida Corporation, extending Open Account Credit, we do hereby agree jointly and severally to pay for all products and merchandise supplied to any of us and or the above named business. In the event of it becomes necessary to place account with an attorney for collection, we agree to pay all cost of collection including reasonable attorney fees and hereby waive our privilege of being sued in the county of our residence and agree that suit may be brought in Dade, Broward, Martin, St. Lucie, Indian River, Brevard, or Palm Beach County, Florida.

We agree to immediately notify Fine Foods of South Florida Corporation at the above address, of any change in ownership or form of said business. This instrument shall remain in full force until notice of revocation is received by Fine Foods of South Florida Corporation at above address.

Signed and delivered this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_  
(officer-owner-partner) (officer-owner-partner)

Signature: \_\_\_\_\_ Print: \_\_\_\_\_  
(officer-owner-partner) (officer-owner-partner)

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