



CREDIT APPLICATION

Please be sure to sign and write today's date at the bottom.

Name of Firm: _____ Rep: _____
 Shipping Address: _____ City: _____
 State: _____ Zip: _____
 Shipping Phone: _____ Fax: _____ Contact: _____

Is Billing Address the same as the Shipping Address? Yes: _____ No: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Billing Phone: _____ Fax: _____ Contact: _____

(Please check one)

Corporation: _____ Partnership: _____ Individual: _____
 Date: _____ Federal Tax ID#: _____ State Tax ID#: _____
 Amount of Credit Requested: _____

Name(s) of Principal(s), complete address and phone number:

- 1) _____
- 2) _____
- 3) _____

References

Company Name and Contact	Phone	Fax
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Bank: _____ Account Number(s): _____
 Contact: _____ Phone: _____ Fax: _____

CREDIT TERMS

DUE UPON RECEIPT – NET 15 DAYS

ALL COSTS INCURRED BY U.S. PERISHABLES FOR ACCOUNTS DELINQUENT IN TERMS SHALL BE ASSUMED BY APPLICANT. THE ABOVE STATEMENTS ARE TRUE AND REPRESENTATIVE OF THE CORPORATION TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED UNDERSTANDS THAT THE FOREGOING INFORMATION WILL BE RELIED UPON BY U.S. PERISHABLES. I AUTHORIZE BANKS, SUPPLIERS, CUSTOMERS AND OTHER PARTIES LISTED IN THIS APPLICATION TO RELEASE FINANCIAL AND CREDIT REPORTS TO U.S. PERISHABLES. I FURTHER HOLD U.S. PERISHABLES HARMLESS AGAINST ANY CLAIMS, DIRECT OR INDIRECT THAT MAY RESULT FROM RECEIVING SUCH INFORMATION. I AGREE TO PAY WITHIN STATED TERMS. ANY ITEMS IN DISPUTE WILL BE SETTLED BY A NEUTRAL THIRD PARTY AND WILL BE BINDING TO BOTH PARTIES.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____