

CREDIT APPLICATION



BUSINESS CONTACT INFORMATION

Company Name:		DBA:	
Phone:	Fax:	Cell Phone:	
Business E-mail Address:			Years in Business:
Billing Address:			
City:		State:	Zip Code:

If delivery address differs from billing, please list below

Delivery Address:		City:
State:	Zip Code:	Length at current address:

Own/Lease:	If lease, how long:	Lease Expiration Date:
Landlord/Mortgage Company:		Phone:
Landlord/ Mortgage Company Address:		
City:		State: Zip Code:

Individual Contact Name:	Phone:	Position:
Contact E-mail:		
Secondary Contact Name:	Phone:	Position:
Contact E-mail:		

Accounting Contact:	Company:
Accounting E-mail:	Phone:

BUSINESS AND CREDIT INFORMATION

Company Structure (Please Check):	Corporation	Sole Proprietorship	Organization	LLC
Company Officer:		Title:		
Bank Name:	Branch:	Acct #:		

Providing this information does not authorize payment.

BUSINESS REFERENCES

Company:	Highest Extended Credit:
Address:	
City:	State: Zip Code:
Phone:	E-mail:

Company:	Highest Extended Credit:
Address:	
City:	State: Zip Code:
Phone:	E-mail:

PAYMENT INFORMATION



PAYMENT TERMS

Produce Express has a monthly standard billing cycle, **payment is due by the 10th of each month**. Each account is opened with monthly terms, unless otherwise specified by management or pre-approved by the accounts receivable department. Account statements listing all open invoices are mailed the 1st of each month. Payment terms are subject to change if payment is missed or late.

For questions regarding payment terms, please contact our accounts receivable manager, John Northcutt, at (916) 417-9861.

PAYMENT OPTIONS

Produce Express currently accepts cash or check payments only. Payments can be mailed or given to your delivery driver. ACH payments are accepted with approval through accounts receivable only.

For any questions regarding ACH or to set up an ACH payment, please contact our accounts receivable department.

Email: accountsreceivable@produceexp.com

Phone: (916) 446-8918

PAYMENT CONTRACT

In consideration for the approval or extension of credit by PRODUCE EXPRESS to _____.
(Company Name)

The undersigned does hereby agree to personally guarantee payment of any indebtedness owing to PRODUCE EXPRESS. Should legal action be required to collect said indebtedness and to enforce this personal guarantee then the undersigned further agrees to pay reasonable attorney fees.

Name of Guarantor: _____

Phone: _____

Signature of Guarantor: _____

Date: / /

City: _____ State: _____ Zip Code: _____

Mailing Address: PO Box 278480 Sacramento, CA 95827

Will Call/Pick-Up Address: 8340 Belvedere Ave. Sacramento, CA 95826

Phone: (916) 446-8918 Fax: (916) 553-3030

General Inquiries: mboyce@produceexp.com