

**CREDIT APPLICATION**

Company Name \_\_\_\_\_ Years in Business \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ UBI Number \_\_\_\_\_

Location Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Company Mailing Address \_\_\_\_\_  
(If different from location address above)

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

Accounts Payable Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Firm is:  Individual  Partnership  Corporation  
Incorporated in State of \_\_\_\_\_

Parent Company \_\_\_\_\_

**OWNERS OR COMPANY OFFICIALS:**

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever filed bankruptcy or had a judgement against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

**BANK INFORMATION**

Name: \_\_\_\_\_ Officer: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

**CREDIT APPLICATION**

**TRADE REFERENCES**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

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

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

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

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

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

By submitting this application, you authorize Chris Produce Co. Inc. to obtain consumer and business reports from others about me and my business.

**CREDIT TERMS**

1. Terms are NET 10TH. All invoices are due, in full, on or before the tenth day of the month following month of purchase.
2. Any account not paid by the 20th of the month, will be assessed a late fee of 1.5% (18% annually) of total account balance.
3. Accounts 30 days past due will be placed on cash or "C.O.D." basis until the account balance is brought current.
4. There will be a \$25.00 fee on any check returned to Chris Produce Co. Inc. NSF.
5. There will be no exceptions or arrangement, expressed or implied, other than the above terms, unless it has the prior approval of the Chris Produce Co. Inc. Credit Department.
6. Upon failure or neglect of Customer to pay as stipulated above, then, at the option of Chris Produce Co. Inc. the entire unpaid balance of Customer's account shall become due and payable immediately.
7. In the event it becomes necessary for Chris Produce Co., Inc. to bring legal action to enforce these terms or to collect any monies now due or which hereafter become due to Chris Produce Co. Inc. from Customer, Customer agrees to pay all costs, disbursements, and expenses including reasonable attorney fees and/or collection agency fees incurred by Chris Produce Co. Inc.
7. The exclusive venue for any legal action brought against Customer by Chris Produce Co. Inc. shall be in King County, WA.
8. The information given on this application is for the purpose of obtaining credit and is warranted to be true.
9. Applicant Warrants that he/she is authorized to complete this credit application and agree to its terms.

**"I/We hereby authorize Chris Produce Co. Inc. to investigate the refernces listed and, if necessary, to obtain consumer and business credit reports from others, about me & my business. I/We further agree that the use of any credit extended by Chris Produce Co. Inc. may be used as evidence of the foregoing authorizations, acceptances & agreements. I/We fully understand the credit terms and agree to the proper and timely payment in consideration of extended credit. That I am(we are) authorized, in my (our) capacity, to bind my (our) company accordingly."**

**Firm Name:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must be signed by Owner, Partner, or Authorized Agent)

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must be signed by Owner, Partner, or Authorized Agent)

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must be signed by Owner, Partner, or Authorized Agent)