



CREDIT APPLICATION

ACCOUNT EXECUTIVE: _____ DATE: _____

COMPANY INFORMATION

Incomplete applications will not be processed. You may attach company credit sheet to application if necessary.

LEGAL BUSINESS NAME: _____ Phone _____

DBA (IF DIFFERENT): _____ Fax _____

DELIVERY ADDRESS: _____ Address _____

City _____ State _____ Zip Code _____

BUSINESS TYPE & A/P CONTACT: Proprietorship Partnership Inc. State _____ Date _____ EIN / Federal ID# _____

A/P Contact Name _____ State Business License# _____ Effective Date _____

A/P Email _____ Phone _____ Ext. _____ Fax _____

Web Orders Email _____ Web Address _____

OWNER / OFFICER INFORMATION

List owners, partners or officers. If incorporated, list president, secretary and treasurer. The undersigned consent to Get Fresh Sales, Inc. obtaining consumer credit reports

1. _____ Name _____ Title _____ SS# _____

_____ Address _____

City _____ State _____ Zip Code _____

2. _____ Name _____ Title _____ SS# _____

_____ Address _____

City _____ State _____ Zip Code _____

BUSINESS TRADE REFERENCES

1. _____ Company Name _____ Phone _____ Fax _____

2. _____ Company Name _____ Phone _____ Fax _____

I certify that the above information is true and correct and authorize Get Fresh Sales to make inquiries into the business trade references listed. Get Fresh Sales, Inc. is hereby authorized to verify any and all statements through any source available to them. If this account is not paid within the stated terms on the invoice, I/we understand a service charge will be added to the outstanding balance on a monthly basis. This service charge will not exceed 18% and will be based on the delinquent outstanding balance if because of no-payment, this account is placed for collection, I/we agree to pay Get Fresh Sales in addition to the regular charges including service charges an additional sum as collection and/or attorney's fees/or trial and court costs.

_____ Authorized Signer _____ Title _____ Date _____

PERSONAL GUARANTEE: FOR THE PURPOSE OF EVALUATING THE CREDITWORTHINESS OF:

I/we agree and understand that should I/we sell, exchange or in any way convey ownership and/or operation of my/our business under the same business name to another person or business entity that I/we will remain liable for and guarantee payment of all future purchases made by them until express direct written notice is made to and received by Get Fresh Sales, Inc. I agree to be responsible for payment of the account.

NAME OF BUSINESS _____ IN CONNECTION WITH THIS APPLICATION

_____ Guarantor Name _____ Guarantor Signature _____ SS# _____

_____ Address _____ City _____ State _____ Zip Code _____

Please return to your Account Executive, or Fax to 702.897.2847 or email to ARaccounting@getfreshsales.com