

GET FRESH COMPANIES

APPLICATION FOR CREDIT

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

COMPANY INFORMATION

GFC ACCOUNT EXECUTIVE: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. YOU MAY ATTACH YOUR COMPANY'S CREDIT SHEET TO APPLICATION IF NECESSARY.

LEGAL BUSINESS NAME _____ PHONE _____

DBA (IF DIFFERENT) _____ FAX _____

DELIVERY ADDRESS _____

CITY _____ STATE _____ ZIP _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ PROPRIETORSHIP _____ PARTNERSHIP _____ INCORPORATED: STATE _____ DATE _____

DATE STARTED _____ FEDERAL ID # _____ STATE BUSINESS LIC # _____

A/P CONTACT: NAME _____ PHONE _____ EXT _____ FAX _____

A/P EMAIL _____ COMPANY EMAIL _____

OWNER / OFFICER INFORMATION

LIST OWNERS, PARTNERS OR OFFICERS. IF INCORPORATED, LIST PRESIDENT, SECRETARY, TREASURER.

THE UNDERSIGNED CONSENT TO GET FRESH SALES, INC. OBTAINING CONSUMER CREDIT REPORTS

1. NAME _____ TITLE _____ SS # _____ - _____ - _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

2. NAME _____ TITLE _____ SS # _____ - _____ - _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

BUSINESS TRADE REFERENCES

	COMPANY NAME	PHONE NUMBER	FAX NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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 AND/OR TRIAL AND COURT COSTS.

AUTHORIZED SIGNER _____ TITLE _____ DATE _____

PERSONAL GUARANTEE

FOR THE PURPOSE OF EVALUATING THE CREDITWORTHINESS OF:

NAME OF BUSINESS _____ IN CONNECTION WITH THIS APPLICATION

GUARANTOR NAME _____ SIGNATURE _____ SS # _____ - _____ - _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

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.