



**CREDIT APPLICATION** ACCOUNT EXECUTIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**COMPANY INFORMATION**

LEGAL BUSINESS NAME: \_\_\_\_\_ Phone \_\_\_\_\_

DBA (IF DIFFERENT): \_\_\_\_\_ Fax \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

BILLING 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 \_\_\_\_\_

**If monthly statements are required please provide email below, none or an incomplete email will be taken as refusal of electronic statements:**

**TERMS:**

All new customers are subject to Net 10 terms paid via check.

If the applicant would like to pay via ACH or another payment method please reach out to [ARaccounting@GetFreshSales.com](mailto:ARaccounting@GetFreshSales.com) informing of such election and further information will be provided as necessary.

**Please return to your Account Executive or Fax to 702.897.2847 or email to [ARaccounting@getfreshsales.com](mailto:ARaccounting@getfreshsales.com)**



### 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. 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.

1. _____ Name	2. _____ Name
_____ Title _____ SS#	_____ Title _____ SS#
_____ Address	_____ Address
_____ City _____ State _____ Zip Code	_____ City _____ State _____ Zip Code

### BUSINESS TRADE REFERENCES

1. _____ Company Name	_____ Phone	_____ Fax
2. _____ Company Name	_____ Phone	_____ Fax
_____ Authorized Signer	_____ Title	_____ Date

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. 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.

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

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](mailto:ARaccounting@getfreshsales.com)



# CREDIT APPLICATION AND GUARANTEE AGREEMENT

DATE: \_\_\_\_\_

1. This is an application for the extension or credit from GET FRESH SALES to the under signed. If approved, the undersigned agrees to be bound by the terms stated herein.
2. GET FRESH SALES is entitled to conduct any investigation to verify the information contained herein and may, from time to time, perform further investigations as necessary. The undersigned will cooperate fully and without delay to complete said investigation.
3. NO CREDIT LINE is established by execution hereof; Credit is granted only at GET FRESH SALES sole discretion after review and investigation. Should credit be extended to the applicant(s), GET FRESH SALES at its sole discretion may review applicant's credit history and terminate credit line at any time.
4. The undersigned agrees to pay all sums due, without offset,
  - A. Within net 10 days from the date of acceptance of produce to be in compliance with PACA law found in the United States Code, Chapter 7, Section 499, in the PACA regulations, found in 7 CFR Section 46, as well as all balances carried over from prior statements, if any.
  - B. Returned checks will be subject to a \$25.00 charge.
  - C. In the event of delinquency, GET FRESH SALES reserves the right to place account on a cash and carry basis until account has been paid in full.
5. Should the credit terms be breached or if there is any deviation in payment from the terms stated, at the option of GET FRESH SALES, the entire balance of all invoices, regardless of the date of delivery, shall become immediately due and payable.
6. If the applicant is a corporation, then a personal guarantee shall be executed by the corporate officers before extension of credit.
7. This agreement and all transactions pursuant there to shall be governed by the laws of the State of Nevada and the undersigned expressly consents to the jurisdiction of the courts of the State of Nevada. Should litigation be instituted by any party hereto, the prevailing party shall be entitled to attorneys' fees and court cost.

I hereby agree to the terms stated above.

Name	Signature	Date
Title	Company	