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| LOUISIANA FRESH PRODUCE(p)504-620-2200 (f)504-301-9877 (f)866-615-7289louisianafresh.com |  |  |  **MAILING ADDRESS**: PO BOX 792570 NEW ORLEANS, LA 70179-2570 |
| **CUSTOMER CREDIT APPLICATION** |
| CORPORATE NAME: | (DBA) TRADE NAME: |
| SHIPPING ADDRESS: |
| CITY: | STATE: | ZIP: |
| BILLING ADDRESS: |
| CITY: | STATE: | ZIP: |
| ACCOUNTS PAYABLE CONTACT: | I WOULD PREFER TO RECEIVE MY STATEMENT ONLINE VIA E-MAIL: YES NO |
| A/P PHONE: | A/P FAX: | A/P EMAIL: |
| **OFFICERS OF CORPORATION OR OWNER(S) OF BUSINESS** |
| NAME: | TITLE: |
| HOME ADDRESS: |
| CITY: | STATE: | ZIP: |
| HOME PHONE: | CELL PHONE: | EMAIL: |
|  |
| NAME: | TITLE: |
| HOME ADDRESS: |
| CITY: | STATE: | ZIP: |
| HOME PHONE: | CELL PHONE: | EMAIL: |
|  |
| DATE BUSINESS STARTED: | HOW LONG AT CURRENT LOCATION: |
| BUILDING INFORMATION: | OWNED LEASED | IF LEASED, BY WHOM: |
| TERMS REQUESTED: COD NET 7 NET 14 NET 21 NET 30 | ANTICIPATED WEEKLY PURCHASES: **$** |
| **BANK REFERENCE** |
| BANK NAME: | BRANCH: | ACCOUNT #: |
| BANK ADDRESS: |
| CITY: | STATE: | ZIP: |
| CONTACT: | PHONE: |
| **TRADE REFERENCES: PLEASE LIST YOUR PRIMARY SUPPLIER’S FOR GROCERY, MEAT, AND SEAFOOD.** |
| NAME: | PHONE: | ACCT CONTACT: |
|  |
| NAME: | PHONE: | ACCT CONTACT: |
|  |
| NAME: | PHONE: | ACCT CONTACT: |

**TERMS AND CONDITIONS**

If credit is granted, I agree that I will immediately notify you of any changes in our business structure from that shown above. I understand that all invoices will be paid by due date or pay a finance charge indicated either on the invoice or our statement. In consideration of benefits accruing to me I guarantee payment of all correct charges to the business and if for any reason the account is not paid when due I will, if collection is required, pay a reasonable attorney fee or if this account is placed in hands of a collection agency, I (we) will acknowledge that you will be damaged thereby to the extent of the collection charge against you and I (we) therefore agree to pay to you, as liquidated damages, an amount equal to amount charged you on said collection by said collection agent, not exceeding , however, fifty percent of the amount unpaid thereon.

Applicant, whose signature appears hereafter, warrants that all of the above information is true and correct and that the same is given for the purpose of establishing credit and that the seller herein if granting credit is relying completely on such information. We understand these terms and agree to meet them if credit is extended.

|  |  |  |
| --- | --- | --- |
| PRINT NAME: |  |  |
| TITLE: |  |  |
| APPLICANTS SIGNATURE: |   | DATE:  |

|  |  |  |
| --- | --- | --- |
| PRINT NAME: |  |  |
| SIGNATURE: |   | DATE:  |

**PERSONAL GUARANTEE**

**AUTHORIZATION FOR CREDIT REPORT**

The undersigned authorizes Louisiana Fresh Produce CO, INC. to investigate all credit history, bank references and any other information deemed necessary to extend credit. The undersigned hereby knowingly consents to the use of such credit information in accordance with the federal fair credit-reporting act as contained in 15 U.S.C 1681, ET Seq., as amended from time to time.

To induce you to sell merchandise and extend credit upon an open account to the applicant named on the reverse side hereof. I hereby personally and unconditionally guarantee the payment of any indebtedness which may from the date forward or at any time from time to time thereafter be owed you by the said applicant.

I understand that in consideration for and in reliance on this personal guarantee, you will sell merchandise and extend credit upon an open account to the applicant.

I further understand that in the absence of this personal guarantee you would not extend credit upon an open account to applicant but would insist upon payment upon delivery of any merchandise.

In return for the above stated consideration I acknowledge that this personal guarantee of credit is binding upon me as an individual and I do sign this personal guarantee of credit as an individual and not in any representative capacity.

All prior notice of default and demand for payment are hereby waived.

This guarantee shall continue in full force and effect until such time as I give you written notice of revocation by registered mail. Such notice of revocation shall be ineffective as to any existing indebtedness or as to any transaction or commitment previously undertaken by you in reliance upon this guarantee.

This document constitutes the entire agreement between the undersigned and the creditor and I acknowledge that no person has made any representations or promises to me in conflict with the above provisions.

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| --- | --- | --- |
| DATE:: |  | SIGNATURE: |
| WITNESS: |  | PRINT NAME: |
| HOME ADDRESS: |   |  |

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| LOUISIANA FRESH PRODUCE 1001 SOUTH DUPRE ST(p)504-620-2200 NEW ORLEANS, LA 70125(f)504-301-9877(f)866-615-7289louisianafresh.com**CREDIT CARD AUTHORIZATION****\*\*\* Credit card on file needed to open account\*\*\*****YOUR CREDIT CARD WILL NOT BE CHARGED UNLESS YOU** **GIVE US PERMISSION TO DO SO.****IF YOUR ACCOUNT GOES OVER 30 DAYS PAST DUE, WE WILL ASK TO SET UP A PAYMENT PLAN USING YOUR CREDIT CARD. IF PERMISSION IS DENIED YOUR ACCOUNT WILL BE PLACED ON HOLD.****\*\*\* There will be a 3% surcharge for all credit card transactions\*\*\*** |
| CORPORATE NAME: | (DBA) TRADE NAME: |
| SHIPPING ADDRESS: |
| CITY: | STATE: | ZIP: |
| BILLING ADDRESS: |
| CITY: | STATE: | ZIP: |
| I (PRINT NAMES AS APPEARS ON CARD) authorize the use of my credit card described below for charges related to services provided and to products sold by Louisiana Fresh Produce. |
| NAME OF CARD HOLDER: |
| CREDIT CARD NUMBER: |
| EXPIRATION DATE: | CVV CODE: | CARD TYPE: |
| SIGNATURE: | DATE: |
| INITIALS \_\_\_\_\_\_\_ I authorize Louisiana Fresh to keep my signature on file and charge my credit card for my balance. I understand this form is valid unless I cancel this authorization through written notice to Louisiana Fresh Business Office. I would like my card charged:\_\_\_\_\_\_\_ Weekly \_\_\_\_\_\_ Bi-Monthly \_\_\_\_\_ Monthly |
| SIGNATURE: |
| DATE: |
| BILLING ZIP CODE: |

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| LOUISIANA FRESH PRODUCE 1001 SOUTH DUPRE ST(p)504-620-2200 NEW ORLEANS, LA 70125(f)504-301-9877(f)866-615-7289louisianafresh.com**CUSTOMER GENERAL INFORMATION** |
| CORPORATE NAME: | (DBA) TRADE NAME: |
| SHIPPING ADDRESS: |
| CITY: | STATE: | ZIP: |
| PHONE: | KITCHEN PHONE: |
| **CUSTOMER CONTACTS** |
| NAME: | I WOULD PREFER TO RECEIVE PRODUCT PRICE LIST VIA E-MAIL: YES NO |
| PHONE: | EMAIL: | I WOULD LIKE TO RECEIVE TEXT MESSAGES: YES NO |
| NAME: | I WOULD PREFER TO RECEIVE PRODUCT PRICE LIST VIA E-MAIL: YES NO |
| PHONE: | EMAIL: | I WOULD LIKE TO RECEIVE TEXT MESSAGES: YES NO |
| NAME: | I WOULD PREFER TO RECEIVE PRODUCT PRICE LIST VIA E-MAIL: YES NO |
| PHONE: | EMAIL: | I WOULD LIKE TO RECEIVE TEXT MESSAGES: YES NO |
| NAME: | I WOULD PREFER TO RECEIVE PRODUCT PRICE LIST VIA E-MAIL: YES NO |
| PHONE: | EMAIL: | I WOULD LIKE TO RECEIVE TEXT MESSAGES: YES NO |
| **DELIVERY INFORMATION** |
| REQUESTED DELIVERY DAYS AND TIMES (PLEASE GIVE A THREE HOUR DELIVERY TIME WINDOW): |
| MONDAY: | TUESDAY: | WEDNESDAY: |
| THURSDAY: | FRIDAY: | SATURDAY: |
| SUNDAY (SUNDAYS ARE RESERVED FOR REGULARLY ORDERING CUSTOMERS. IF NO WEEKDAY ORDERS HAS BEEN RECIEVED, YOUR ORDER WILL NOT BE FULFILLED): |
| DELIVERY INSTRUCTIONS: |
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| **COMMENTS AND REQUESTS** |
| PLEASE LEAVE ANY COMMENTS, CONCERNS, OR REQUESTS HERE: |