

Customer Credit Application



92-98 Produce Row • St. Louis, MO 63102 • (314) 436.5010

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Business Name _____

Deliver Address _____

City, State, Zip _____

Telephone Number _____

Fax Number _____

Email Address(es) _____

**B
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Business Name _____

Deliver Address _____

City, State, Zip _____

Telephone Number _____

Fax Number _____

Email Address(es) _____

Proprietorship General Partnership Limited Partnership Corporation Under State of _____

Full Corporate Name _____ Full Corporate Address _____

New Owner Yes No Under Current Ownership, length of time established in business: ___ Yrs.

Building Facilities: Owned Leased Rented Equipment Owned Leased

Building Landlord or Mortgage Holder _____

Equipment Lessor or Note Holder _____

Address, City, State, Zip _____

Address, City, State, Zip _____

COMPLETE THE FOLLOWING INFORMATION FOR ALL CORPORATE OFFICERS, PARTNERS, OR INDIVIDUAL PROPRIETORS

Name	Soc. Sec. Number	Title	Home Street Address	City, State, Zip	Home Phone

TYPE OF ACCOUNT:

Restaurant Grocery – Deli, Bakery Fast Food In-Plant Feeder Hotel/Motel Government Educational

_____ Seating Capacity/Enrollment

Hospital Nursing Number of Beds % Present Occupancy Other

Has applicant done business with previously? Yes No If so, complete the following for previous business relationship

Previous Business Name _____

City, State, Zip _____

BANKING REFERENCES

Bank Name

Address

City, State, Zip

Checking Savings Loan

Bank Officer **Account Number**

Bank Name

Address

City, State, Zip

Checking Savings Loan

Bank Officer **Account Number**

TRADE REFERENCES (Preferably other food distributors)

Name	Address	Phone Number

Terms Requested C.O.D. 7 Days Net Comments _____

Special Delivery or Invoicing Instructions _____

Confidential Financial Statement
For the Purpose of Obtaining Credit from Ole Tyme Produce, Inc.

Our Financial Condition Was As Follows On: _____ **19** _____

Assets	Dollars	Cents	Liabilities	Dollars	Cent
Cash on Hand & in Bank			Accounts Payable		
Accounts Receivable			Due Banks (Secured)		
Notes Receivable			Due Banks (Unsecured)		
Merchandise			Notes Payable, Others		
Other Current Assets (Describe)			Accrued Wages or Taxes		
			Other Current Liabilities (Describe)		
Total Current Assets			Total Current Liabilities		
Fixtures & Trucks			Long Term Debt		
Real Estate & Building (Net)			Owing Officers or Stockholders		
Investments (Describe)			Other Liabilities		
			Total Liabilities		
Other Assets			Capital Stock		
			Surplus		
			Net Worth		
Total Assets			Total Liabilities and Net Worth		

I hereby certify that all the information is true and correct as of the date of this application and that I am authorized to make this application. This will also serve as authorization for the above references to release information as requested by Ole Tyme Produce, Inc.

Date: _____ **Customer Name:** _____

By: _____
Authorized Signature (Owner, Partner, or Corporate Officer)

SALES TAX INFORMATION

**Multi-Jurisdiction
Sales Tax Exemption Certificate**

Issued to:	Address	City	State	Zip Code

I CERTIFY THAT

Name of Firm (Buyer)		
Street Address or P.O. Box No.		
City	State:	Zip Code

IS ENGAGED AS A

- Wholesaler**
- Retailer**
- Manufacturer**
- Lessor**
- Other** _____

Is registered with the Cities and States listed below within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients, or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing, or renting.

Product or Services Rendered:	
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State	State ID No.	City or State	State Registration or ID No.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

General Description of Products to be Purchased from the Seller

I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature (Owner, Partner, or Corporate Officer)	Title	Date

A signed copy of your financial statement (check one): is attached will be mailed | Date _____

Parties hereby agree that all purchases made are subject to the following terms and conditions:

1. The undersigned purchaser hereby agrees that all amounts due for goods and services purchased from Ole Tyme Produce, Inc. are payable at 92-98 Produce Row, St. Louis, MO 63102.
2. The undersigned purchaser agrees to pay Ole Tyme Produce, Inc. a service charge in the amount of \$25.00 for returned checks.
3. The undersigned agrees to notify Ole Tyme Produce, Inc. by certified mail of any change in ownership of the Customer and further agrees to be liable for all purchases should the undersigned fail to comply with said notification in the event that this guaranty is executed by more than one person; then, in such an event, the liabilities and obligations of the undersigned hereunder shall be joint and several of the relative words herein shall be joint and several of the relative words herein shall be read as if written in the plural.
4. The parties hereby acknowledge that the goods and/or services purchased from Ole Tyme Produce, Inc. are not payable in installment, but are payable in full as stated herein.
5. The undersigned hereby requests, on behalf of the customer named on the reverse side, open account terms with your company. Should it become necessary at any time to place you account for collection, you will be liable for all collection costs, including, but not limited to, attorney's fees and costs whether or not there is litigation. Our liability shall not be reduced or eliminated by your waiver of defaults, extensions of payment dates, failure to give us notice of defaults, or any other events, acts or omissions which would otherwise operate to reduce or eliminate our liability.

_____	_____
Officer, Owner, or Partner	Title
_____	_____
Type or Print Name	Date

PERSONAL GUARANTEE

OLE TYME PRODUCE, INC.

In lieu of a financial statement and in order to induce Ole Tyme Produce, Inc. to sell merchandise to the applicant, the principal owners, officers, or partners must sign the following assumption of responsibility and guaranty agreement.

For value received and to induce you to extend credit hereunder, the undersigned jointly and severally guarantee payment of any and all indebtedness, which _____ (hereinafter "Company") has incurred or may incur in the performance of all obligations of said company to Ole Tyme Produce, Inc. That liability of the undersigned shall not be affected by the amount of credit extended hereunder, by any change in the form of indebtedness, by note or otherwise, or by renewal or extension thereof. Notice of acceptance of this guaranty, of the extension of said indebtedness, of orders, of deliveries, of default in payment, of the release of the whole or part of the indebtedness, or of any other matter with respect hereto, is waived.

This guaranty shall be enforceable before or after any proceeding against the company and shall be effective regardless of the solvency of the company, the subsequent incorporation or failure of incorporation, the assignment, transfer or sale of said company or by any other change in the composition, nature, personnel or location of the company. Should this matter be referred to an attorney for collection, the undersigned shall pay all expenses of collection and reasonable attorney's fees incurred by reason or the default of the company. This guarantee shall continue in full force and effective for thirty (30) days after such date of your receipt, by certified mail, of written notice of revocation of this guaranty. Such revocation shall not relieve the undersigned of any liability for any indebtedness or obligation incurred prior to the expiration of 30 days following the receipt of such notice.

Date	Guarantors Signature	Printed Name	Home Address
Phone	Social Security Number	Drivers License No	State Insured
Date	Guarantors Signature	Printed Name	Home Address
Phone	Social Security Number	Drivers License No	State Insured
Date	Guarantors Signature	Printed Name	Home Address
Phone	Social Security Number	Drivers License No	State Insured
Witness Signature	Print Witness Name	Witness Address	