

COD/Credit Application For a Business Account



Mac Edwards Produce & Company Inc.

Email: Sales@macedwardsproduce.com

Tel: (305) 326-7223

Fax: (305) 326-9310

BUSINESS CONTACT INFORMATION			
Title & Name:		Date Business Commenced:	
Company Name:			
Email:		Business Entity:	Sole proprietorship
Phone/Fax:			Partnership
Physical Company Address: (City, State, Zip, Country)			Corporation
			Other
BUSINESS & CREDIT INFORMATION			
Mailing Address: (City, State, Zip, Country)		Bank Name:	
		Account #:	
Length of time at current address:		Account Type:	Checking
A/P Email:			Savings
A/P Phone/Fax:			Other
Blue Book #:		Bank Contact:	
PACA License #:		Contact Tel #:	
BUSINESS/TRADE REFERENCES (PLEASE LIST 3)			
Company Name:		Type of Account (Terms):	
Address: (City, State, Zip, Country)			
Email:			
Phone/Fax:			
Company Name:		Type of Account (Terms):	
Address: (City, State, Zip, Country)			
Email:			
Phone/Fax:			
Company Name:		Type of Account (Terms):	
Address: (City, State, Zip, Country)			
Email:			
Phone/Fax:			
ADDITIONAL AUTHORIZED DELIVERY LOCATIONS			
Store Name or Number:			
Address: (City, State, Zip, Country)			
Primary Point of Contact:			
Email:			
(If different than Primary) Billing Address: (City, State, Zip, Country)			

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AGREEMENT

If we receive your signed credit application and accept product orders, these additional terms will apply to all future orders:

- 1.) All invoices are to be paid upon receipt invoice date or per approved "Terms".
- 2.) Finance fees are applicable on accounts that remain unpaid beyond 30 days from the invoice date at the rate of 1.5% per month (or the highest rate allowable by law) on the entire unpaid balance.
- 3.) By submitting this application, you certify that the information provided is complete and accurate. The information has been provided with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. You authorize Mac Edwards Produce & Company Inc. to make inquiries into the banking and business/trade references that you have supplied.
- 4.) Requests for credits or adjustments must be submitted within 24 hours of arrival to sales@macedwardsproduce.com.
- 5.) In the event it is necessary to initiate collections proceedings, reasonable attorney's fees shall be considered as additional sums due on any pending invoices.
- 6.) An original of this document and payments should be mailed to:
Mac Edwards Produce & Company Inc.
P.O. Box 661688
Miami Springs, FL 33266

SIGNATURES

SIGN:		SIGN:	
NAME:		NAME:	
TITLE:		TITLE:	
DATE:		DATE:	

Initial: _____

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INTERNAL:	Approval by Management
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CREDIT APPROVAL	
1.) Credit Limit:	
2.) Credit Terms:	

SIGNATURES			
SIGN:		SIGN:	
NAME:		NAME:	
TITLE:		TITLE:	
DATE:		DATE:	

Initial: _____