



GUY'S QUALITY MEATS

2872 N. US Highway #1

Fort Pierce, FL 34946

Tel # 772-460-2662

Fax # 772-460-0512

Attention Clients:

Crosscheck as of January 1st 2013 requires, for new and existing customers, to provide the account signers' driver's license number. We need the driver's license number in order for the acceptance and processing of the checks. Thank you for your business and cooperation.



2872 N. U.S. Highway #1
Fort Pierce, FL 34946

CUSTOMER APPLICATION FORM

Tel. # _____ Fax # _____

EXACT LEGAL NAME OF COMPANY (APPLICANT)	TRADE NAME/DBA	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP
BILLING/MAILING ADDRESS	FEDERAL TAX ID#	COPY OF SALES TAX CERTIFICATE
CITY, STATE, ZIP CODE	TYPE OF BUSINESS	DATE BUSINESS ESTABLISHED UNDER CURRENT OWNERS
OWNERS/OFFICERS		
Name/Title	Home Address	City, State, Zip Code
Home Tel. #	SS #	Driver's License #
BANK REFERENCES		
BANK NAME	ADDRESS	CITY, STATE, ZIP
ACCOUNT OFFICER	FAX NO.	ACCOUNT NO.

The undersigned, in consideration of credit privileges being extended to the above named Applicant, does hereby unconditionally guarantee and promise to pay any and all obligations of said Applicant which have in the past or may in the future, be owing to Guy's Quality Meats on open account or otherwise, including, without limitations, attorney's fees. The undersigned waives any right to require Guy's Quality Meats to proceed against Applicant or pursue any other remedy and any statute of limitations pertaining thereto; and the undersigned further waives all presentments, demands for performance, notices of nonconformance, protests, notices of protest, notice of dishonor and notices of acceptance of the Guaranty and of the incurrence of modification of existing or additional indebtedness. No delay in the enforcement of the Personal Guaranty shall affect the liability of the undersigned.

Date

Guarantor

Salesperson

MAJOR TRADE REFERENCES

NAME OF COMPANY	PHONE NUMBER	FAX NUMBER
1.		
2.		
3.		
4.		

In order to induce Guy's Quality Meats to extend credit to Applicant, and understanding that the Company shall rely upon representations made by or on behalf of Applicant, Applicant agrees to pay for all deliveries according to the terms stated on the applicable invoices and/or sales contract(s). Applicant's signature below certifies that the information and representations provided herein are true and accurate.

In completing this application for credit, Applicant grants the company permission and otherwise expressly authorizes the Company to contact consumer credit reporting agencies, commercial credit reporting agencies, and any or all of the trade and bank references listed in conjunction with the application for credit, together with any other references which may be provided by the Applicant of any trade or bank references.

Should credit be granted to Applicant, all decisions with respect to the extension or continuation of credit shall be in the Company's sole discretion. No terms and conditions of a purchase order can become part of our contract unless approved in writing by the Company. The Company may impose a finance charge the lower of 1.5% per month or the highest rate allowed by law when the account becomes delinquent.

In the event it becomes necessary to place the account with an attorney or agency for collection, Applicant agrees to pay all costs of collection, including reasonable attorney's fees.

In consideration for the extension of credit to the Applicant, Applicant agrees that any dispute arising out of the debtor/creditor relationship, or any other contractual relationship between the parties shall be adjudicated in a Court of competent jurisdiction within the Commonwealth of Florida.

Date

Company Name

Signature of Owner/Officer

Title



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Bank Authorization

Your name has been furnished as a bank reference. The subject company has authorized Guy's Quality Meats to obtain information from you and this information will be held in confidence.

Company Name: _____

Customer Name: _____

Address: _____

City, State, Zip: _____

Bank Name: _____

Account Number: _____

Customer Authorized Signature: _____ Date: _____

(Please note that your bank may incur a fee for this service on your account!)

Bank Use Only

Please complete the following:

- Date Account Opened _____
- Average Daily Balance _____
- Current Loans? (Y/N) _____ Loan History Rating (If Applicable) _____
Is Credit Line/Loan Secured? _____
- NSF Checks? (Y/N) How Many? _____
- Your Appraisal of Account?
Satisfactory _____ Unsatisfactory _____

COMMENTS:

Name: _____ Title: _____ Date: _____

ALL INFORMATION SUBMITTED WILL BE KEPT IN STRICT CONFIDENCE. THANK YOU FOR YOUR ASSISTANCE.

Sincerely,

Mayra Garcia