



Date: _____

CUSTOMER APPLICATION

Sales person: _____

Trade Name: _____

Full Legal Name of Business: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Fax: _____

Owner's E-mail Address: _____

Owner's Cell Phone: _____

Check One: Independent Proprietorship Corporation Partnership LLC

Date Business Opened: _____ Federal Tax ID# _____

Type of Establishment: _____

Is Billing Address the Same as Shipping Address? Yes No

If No, What is the Billing Address?

Street Address: _____

City: _____ State: _____ Zipcode: _____

Hours of Operation: _____ Preferred Delivery Times: _____

Delivery Location & Special Instructions: _____

Purchasing Agent or Manager's Name: _____

Email Address; _____

Cell Phone Number: _____

Accounts Payable Contact Name: _____

Contact Phone #: _____ Fax #: _____

Email Address: _____

Credit Terms Requested: C.O.D _____ Credit Terms (7, 14, 21, or 30 day) _____

Pay By Credit Card (See Attachment) _____

Bank Name: _____

Account No.: _____

Address (City, State, Zip)

Account Manager: _____ Phone No.: _____

Trade References (No Liquor Companies, Restaurant Related Only):

Company	Telephone No.	Facsimile	Account No.
1. _____			
2. _____			
3. _____			

BELAIR POLICY STATEMENT: The undersigned attest that they are an Owner, Partner, or Officer or Authorized Agent and hereby request Belair Produce, on behalf of applicant to establish a business account and extend credit to Applicant, subject to the terms and conditions established by Belair Produce and by PACA Trust Provision (Perishable Agricultural Commodities Acts) which are set forth on the attached hereto. Applicant agrees to be bound by said terms and conditions.

Signature: _____

Printed Signature: _____

Title: _____ Date: _____

