

New Account / Credit Application

P.O. BOX 526764

Miami, FL 33152

E-mail: info@primefreshproducts.com Phone: (305) 592-2044 Ext. 101

Please print and forward to the mailing or e-mail address above, or fax to (305) 592-2054 Attn: Credit Dept.

Company Information

Name: _____ Federal Tax ID: _____

Address: _____ E-mail Address: _____

City: _____ State: _____ Phone#: _____

Zip Code: _____

If Branch, Home Office Name and Address:

If Subsidiary, Parent Name and Address:

Type of Business (Please select one) Corporation Proprietorship Partnership

Nature of Business: _____ State/Province: (If corp, state of Incorp)

Estimate Monthly Credit Requirements: \$ _____

Invoicing Information

Mailing Name and Address (If different than above)

Name: _____ Accounts Payable Contact: _____

Address: _____

City: _____ State: _____ Phone#: _____

Zip Code: _____ Fax#: _____

Billing Requirements: _____

Billing Agent (If different than above): _____

Principal Owners - Stockholders - Partners - Officers of Company:

Name	Mailing Address	City	State	Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1316 NW 78th Avenue · Miami FL 33126

Telephone: (305) 592-2044

Fax: (305) 592-2054





Bank Reference

Bank Name: _____ Bank Official: _____
 Address: _____ Type of Account: _____
 City: _____ State: _____ Bank Account: _____
 Zip Code: _____ Phone#: _____
 Fax#: _____



Commercial References:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
Phone#: _____	Phone#: _____
Fax#: _____	Fax#: _____
3. Name: _____	4. Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
Phone#: _____	Phone#: _____
Fax#: _____	Fax#: _____



Agreement:

The above information is for the purpose of obtaining credit and is warranted to be true.
 We authorize PRIME FRESH PRODUCTS to at any time obtain credit reports from other persons
 or entities listed above.

Name of Authorized Representative: (Print) _____ Title: _____

Signature: _____ Date: _____

