



CREDIT APPLICATION

Date _____

Name _____ DBA _____

Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Email: _____

Requested Credit Limit _____ Weekly Volume _____

Monthly Volume _____ Annual _____

Years in Business _____ Years at Address _____ Rent _____ Own _____

OWNERSHIP

Individual Owner _____ General Partnership _____ Limited Partnership _____ Corporation _____
State of Inc. _____

Fed Tax ID# _____ State Sales Tax# Resale# _____ Issued by (State) _____

BANK INFORMATION

Bank Name _____ Name on Checking Account _____

Account # _____

Address _____ City _____ State _____ Zip _____

Phone# (_____) _____ Rep _____

ACCOUNTING CONTACT

Name _____ Title _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Office Telephone (_____) _____ Fax (_____) _____

Email: _____

REMIT ALL PAYMENTS TO: P.O. Box 11337, Tampa FL 33680
Once completed please email tamara@coastalfoodgroup.com
or fax to (813-489-6072)



TRADE REFERENCES

Name _____ Telephone (_____) _____

Address _____ Contact _____

Name _____ Telephone (_____) _____

Address _____ Contact _____

Name _____ Telephone (_____) _____

Address _____ Contact _____

Name _____ Telephone (_____) _____

Address _____ Contact _____

Confirmation of Information Accuracy and Release of Authority to Verify.

I hereby certify that the information on this application is correct. The information included in this application is for the use by Coastal Produce LLC dba Coastal Food Group in determining the amount and conditions if credit is to be extended. I understand that Coastal Produce LLC dba Coastal Food Group may also utilize the sources of credit that it considers necessary in making the determination. Further I hereby authorize the bank and trade references listed in this application to release the information necessary to assist Coastal Produce LLC dba Coastal Food Group in establishing a line of credit if credit is desired.

Signature _____ Title _____ Date _____

Continuing Guaranty

In consideration for the extension of credit by the Company to Customer, I _____ Personally guarantee prompt payment for all past, present or future indebtedness for the Customer to the Company. Should legal proceedings be necessary to collect Customer's indebtedness to the Company, I agree to pay, as they accrue, all the costs of such legal proceedings, including attorney's fees, which attorney's fees shall be no less than 15% of the principal and interest due and owing.

Signature _____ Title: _____ Date _____



Dear Valued Customer:

Due to a new federal FCC regulation, Coastal Produce LLC dba Coastal Food Group. is required to obtain a signed consent form to fax or email any business documents to your company, which includes contracts, price lists, product lists, credit applications, hot sheets, etc. Having an established business relationship with you will no longer be enough. Please read the following statement and sign and return via email or fax, as soon as possible. Please fax to (813) 489-6072 or email to tamara@coastalfoodgroup.com. Should you have any questions regarding this regulation, please do not hesitate to contact your Coastal Produce LLC representative at (813) 237-1600.

Thank you for your cooperation in this matter.

Authorization is hereby granted to Coastal Produce LLC dba Coastal Food Group. to fax and/or e-mail correspondence until otherwise notified in writing.

Company Name

Date _____

Printed Name

Fax Number _____

Signature

E-Mail _____
