

Sales Rep #:

Customer # : _____

Approved Terms: _____

FOR OFFICE USE ONLY



Fax Completed Application to:
845-940-1601
or email to:

credit@aceendico.com

80 International Blvd., Brewster, NY 10509

CORPORATE NAME: _____ **D/B/A:** _____

BILLING ADDRESS: _____ **CITY:** _____

COUNTY: _____ **STATE:** _____ **ZIP CODE:** _____ **PHONE:** _____

SHIPPING ADDRESS: _____ **CITY:** _____

ONLY IF DIFFERENT THAN BILLING

COUNTY: _____ **STATE:** _____ **ZIP CODE:** _____ **PHONE:** _____

YEARS IN BUSINESS IN THIS LOCATION: _____ **FAX:** _____

TYPE OF OWNERSHIP: () CORPORATION () PARTNERSHIP () INDIVIDUAL () LLC

TAX ID #: _____ **TAX EXEMPT#:** _____ **LIQUOR LICENSE #:** _____

***APPLICATIONS WILL NOT BE REVIEWED UNLESS A STATE RESALE CERTIFICATE OR STATE SALES TAX EXEMPT CERTIFICATE IS SUBMITTED.**

PRINCIPAL OWNERS

NAME: _____ **NAME:** _____

HOME ADDRESS: _____ **HOME ADDRESS:** _____

CELL # : _____ **CELL #:** _____

EMAIL: _____ **EMAIL:** _____

SSN: _____ **SSN:** _____

OTHER BUSINESSES OWNED _____

ANTICIPATED MONTHLY PURCHASES _____ **REQUESTED TERMS** _____

APPLICATION FOR CREDIT IS HEREBY MADE AND THE FOLLOWING REFERENCES GIVEN. IT IS UNDERSTOOD THIS INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE AND USED ONLY BY OUR CREDIT DEPARTMENT.

BANK INFORMATION – (MUST attach a photo copy of voided check).

CHECK ACCOUNT NO. (1) _____ **(2)** _____

BANK NAME: (1) _____ **ADDRESS:** _____

TELEPHONE: _____ **CONTACT:** _____

TRADE REFERENCES – CURRENT FOOD INDUSTRY DISTRIBUTORS

NAME: _____ **NAME:** _____

TELEPHONE: _____ **TELEPHONE:** _____

CONTACT: _____ **CONTACT:** _____

CONDITIONS OF SALE

A monthly charge of 1 1/2% (18% per year) will be applied to all invoices over 30 days old. The purchaser agrees to pay all costs of collection including a reasonable attorney's fee in the event invoices are placed with an attorney for collection whether a suit is brought or not. Purchaser shall pay seller bank fee for all returned checks by bank. Purchaser herein consents to the entry of Confession of Judgment on failure to make payment within reasonable terms as defined by Ace Endico. The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the perishable agricultural act. 1930 (7 U.S.C. 499e(c)). The seller of these commodities retains a trust claim over these commodities. All inventories of food and other products delivered from commodities and any receivables or proceeds from the sale of these commodities until full payment is received. To secure the full and timely payment by Applicant to Seller of all existing and hereafter arising amounts due Seller, applicant hereby grants to Seller a priority (purchase money) security interest and lien in and to all goods, inventory, equipment and fixtures sold to Applicant to Seller from time to time, and separate security interest in all other assets of Applicant, including. Without limitation, all of Applicant's now existing or owned hereafter arising or acquired accounts;(b) good for sale, lease or other disposition which have given rise to Accounts and have been returned to or repossessed or stopped in transit by Applicant; and (c) goods, including, without limitation, inventory, equipment, fixtures and vehicles. Applicant hereby authorizes Seller to file and perfect any and all statutory lien rights and any rights under indemnity or performance bonds at any time regardless of whether payment is due to Seller under Seller's payment terms with Application. Applicant hereby authorizes Seller to prepare and file any Uniform Commercial Code ("UCC") financing statements, amendments to UCC financing statements and any other filings or recordings in all jurisdictions where Seller determines appropriate without Applicant's signature, and authorizes Seller to describe the collateral in such financing statements in any manner as Seller determines appropriate.

WE UNDERSTAND THE ABOVE TERMS AND AGREE TO ABIDE BY THEM.

SIGNED: _____ **TITLE:** _____
CORPORATE OFFICER/PARTNER/OWNER

DATE: _____

The undersigned request Ace Endico Corporation and any of its subsidiaries (herein "Ace Endico") to sell and service the customer as stated in the application on the reverse side hereof, and further certify that the statements made on the customer application are true, correct, and complete in all material respects; and customer and the undersigned authorize Ace Endico to investigate all references furnished pertaining to credit, including obtaining credit reports on the customer and the undersigned from outside credit agencies.

In the event that there is a delinquency in payment, the undersigned agree that a service charge of 1 1/2% per month will be imposed on the balance due, and in the event of a default in payment, that the customer will pay to Ace Endico all collection costs and an attorney's fee of one-third of the amount due. The customer and the undersigned consent to jurisdiction on the New York Supreme Court regarding and claim arising hereunder.

The undersigned personally guarantee payment in full of all indebtedness of the customer of Ace Endico now existing or hereinafter incurred including any and all services charges; collection costs and attorney's fees incurred as specified above, and waive any presentment, demand, protest, and any other notice from Ace Endico regarding this guarantee of payment. This guarantee will cover all sales whether or not the terms requested are COD. The use of corporate titles shall not limit the personal liability of the signatory.

GUARANTOR: _____ **X** _____
PRINT NAME SIGNATURE DATE

WITNESS: _____ **X** _____
PRINT NAME SIGNATURE DATE

VITAL SHIPPING INFORMATION

CROSS STREET: _____

DELIVERY TIME WINDOWS: Time windows must be at least but not limited to 3 hours

AM TIME WINDOW: _____ **PM TIME WINDOW:** _____
BEGIN END BEGIN END

PREFERRED TIME WINDOW CHECK ONE: () AM WINDOW () PM WINDOW

Business Hours Open: _____ **Business Hours Close:** _____

ACCOUNT DELIVERY TYPE:

() DOCK () STREET LEVEL () UPSTAIRS () DOWNSTAIRS () ELEVATOR

SALES CONTACT: _____
NAME PHONE #

ACCOUNTS PAYABLE CONTACT: _____
NAME PHONE #

ACCOUNTS PAYABLE EMAIL: _____

Do you prefer a paper or electronic statements? Please check one. () PAPER () ELECTRONIC