



CORTLAND PRODUCE CO INC food service distributor
 150 Johnson Rd, P.O. Box 318 Freeville NY 13068 Phone: 607-708-8029, Fax: 607-708-8032

DATE _____

BUSINESS NAME _____

DELIVERY ADDRESS _____ CITY _____
 STATE _____ ZIP _____ COUNTY _____ PHONE # _____ FAX # _____

MAILING ADDRESS (IF DIFFERENT) _____
 CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS TO RECEIVE SALES FLYERS _____

CONTACT NAME AND EMAIL FOR PAYMENT QUESTIONS _____

NAME OF OWNER(S) _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CELL PHONE# _____

Resale tax id (or tax exempt #) _____

CREDIT APPLICATION TRADE REFERENCES (please use foodservice references only: terms are cod until references are reviewed)

BUSINESS NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE # _____ Terms _____

BUSINESS NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE # _____ Terms _____

BUSINESS NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE # _____ Terms _____

CUSTOMER AGREEMENT

The information on this form is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Cortland Produce Co Inc to investigate the references listed pertaining to my/our credit and financial responsibility. The undersigned further acknowledges that credit privileges, if granted, may be withdrawn at any time.

Signature(s) _____
 Title (s) _____ Date _____

Personal Guarantee (MUST BE SIGNED OR CREDIT TERMS CANNOT BE GIVEN)
 The Undersigned, in consideration of the extension of credit by Cortland Produce Co Inc to _____
 Hereby personally and unconditionally guarantees payment of all monies to Cortland Produce Co Inc.
 Signature _____ Date _____