



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)

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 The undersigned further acknowledges that credit privileges, if granted, may be withdrawn at any time. Filling out trade references does not guarantee credit terms will be given.

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 _____