



J & E Fruit & Produce, Inc.

20 Province Road

Provincetown, MA 02657

Order Line: (508) 487-3627

Office Line: (508) 487-6547

Fax: (508) 487-3663

Email: orders@jeproduce.com

Account Application

Please Print Legibly!!!

Name of Business: _____

Name of Owner(s): _____

Business Address - 1 (Physical): _____

Business Address - 2 (Mailing): _____

Contact – 1 (name) _____ **Contact – 2 (name)** _____

Telephone (day) _____ **Telephone (day)** _____

Telephone (evening) _____ **Telephone (evening)** _____

Fax _____

Cell phone: _____ **Cell phone:** _____

Email address(s): _____

- | | | | | |
|--------------------------|-------|-----------------|-------|------------|
| Type of Account: | ..... | Business | ..... | Individual |
| Type of Business: | ..... | Guesthouse | ..... | Restaurant |
|  | ..... | Hotel | ..... | Bakery |
|  | ..... | Motel | ..... | Fast Food |
|  | ..... | Market (retail) | ..... | Other |
|  | ..... | Seasonal | ..... | Year round |

How long in business: _____

Bank Name: _____

Account # _____ **Telephone:** _____

PERSONAL GUARANTEE: In consideration of any credit extended I will individually guarantee full and prompt payment of all indebtedness incurred for the merchandise and/or services furnished by J&E Fruit and Produce, Inc., finance charges, and all collection costs, attorney's fee and court costs, where applicable.

*PRINT NAME: _____ *SIGNATURE: _____ *DATE: _____

Credit References

1. Name of Business:

Address of Business:

Name of Contact:

Phone number of Contact:

Fax number of Business:

2. Name of Business:

Address of Business:

Name of Contact:

Phone number of Contact:

Fax number of Business:

3. Name of Business:

Address of Business:

Name of Contact:

Phone number of Contact:

Fax number of Business:



***CREDIT CARD FORM**

*Name on card :

*Card Number : - - -

*Expiration :

*Security Code :

*Billing Address :

*City :

*State :

*Zip Code :

*Email Address for Receipt :

TERMS: Invoices are due and payable 7 or 14 days from date of invoice. If payment is not received within terms given, your credit card may be charged and a 2% fee will be added to your total. (I will notify J&E Fruit and Produce, Inc. within 1 business day of any change from the information given above.) I have read and accept the above terms, and have provided true information. I further authorize J&E Fruit and Produce, Inc. to verify any and all references. A finance charge of 18% per annum will be assessed to any account 30 day's delinquent, assessed and compounded monthly.

*PRINT NAME: _____ *SIGNATURE: _____ *DATE: _____

*Required Field

**This information will be kept confidential.

OFFICE USE ONLY

<input type="checkbox"/> Quickbooks	<input type="checkbox"/> Zoho
<input type="checkbox"/> Welcome Message	<input type="checkbox"/> Samsara
<input type="checkbox"/> Catalog	<input type="checkbox"/> Payment Terminal