



Capitol City Produce LLC
 Premium Produce With Quality Service
 16550 Commercial Ave Baton Rouge, LA 70816
 Phone: (225) 272-8153 Fax: (225) 408-3566

Account Application and Agreement
 PLEASE TYPE OR PRINT ALL INFORMATION

1. LEGAL BUSINESS NAME _____ DATE: _____

2. DBA: _____

3. DELIVERY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

Fax _____ Email _____

4. BILL TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

Fax _____ Email _____

5. NAME OF ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

Fax _____ Email _____

6. IF PRIOR CUSTOMER, NAME OF BUSINESS AND LOCATION: _____

7. ARE YOU EXEMPT FOR SALES OR USE TAX? YES NO

If yes, attach signed tax certificate. NOTE: Tax exempt status will be effective on the date the certificate is received.

If no, please indicate percent of tax you pay: State: _____% County/Parish: _____% Other: _____%

8. ARE YOU A WHOLESALE BUSINESS? YES NO

If yes, give your Wholesale Number _____ and send us a copy of your certificate.

Other tax breakdown: State: _____% City: _____% Police Jury: _____% School Board: _____% Other: _____%

9. BUSINESS IS A: SOLE OWNER PARTNERSHIP LTD PARTNERSHIP CORPORATION

NON-PROFIT

10. IF CORPORATION, LIST EXACT CORPORATE NAME: _____

11. TERMS THAT YOU ARE REQUESTING: C.O.D. 7 DAYS 14 DAYS 21 DAYS 30 DAYS

12. LIST FOUR (4) TRADE REFERENCES: (FOOD SERVICE COMPANIES)

1) COMPANY NAME: _____ Acct # _____ Phone# _____

2) COMPANY NAME: _____ Acct # _____ Phone# _____

3) COMPANY NAME: _____ Acct # _____ Phone# _____

4) COMPANY NAME: _____ Acct # _____ Phone# _____

13. OWNERS, OFFICERS, OR PARTNERS AND HOME ADDRESSES:

NAME: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

14. HEAD QUARTERS PHONE: _____ If multi-unit, number of lines: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1) DATE BUSINESS STARTED (UNDER CURRENT OWNERSHIP): _____

2) BANK INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ACCOUNT NUMBER: _____

LOAN OFFICER: _____ PHONE: _____

TYPES OF ACCOUNTS: CHECKING SAVINGS LOAN PAYROLL

NAMES OF PERSONS SIGNING CHECKS: _____

I hereby Authorize bank names above to release information requested for the purpose of obtaining and/or receiving credit

PRINT NAME _____ TITLE: _____

SIGNATURE _____

Use of a Corporate Title shall in no way limit personal guarantee signatory.

The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants based on race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with laws concerning this credit is the Federal Trade Commission Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, D.C. 20580