



New Customer Account Form

Office (225) 272-8153

Fax (225) 408-3566

Billing Information:

Legal Name _____

Address _____

City, State & Zip _____

Delivery Information:

Name _____

Address _____

City, State & Zip _____

Contact Information

Name: _____

Position _____

Phone Number: _____

Cell Number: _____

Fax Number: _____

Email Address: _____

Preferred Delivery Time: _____

Delivery Days: **M T W T F S**

(Circle Days Desired)

Average Weekly Purchases: _____

Are purchases Tax Exempt?* **Y**____ **N**____

*(Taxes must be charged until a tax exempt form is received)

Requested Terms: **COD** _____ **7 Days*** _____ *Must be accompanied by our credit application

Are you interested in on-line ordering? **Y**____ **N**____

May we call in the evening if an order has not been placed? **Y**____ **N**____

Personal Guarantee for Check, Cash or Credit

For valuable consideration, the receipt of which is acknowledged, including but not limited to the extension of credit by Capitol City Produce LLC, the undersigned, individually, jointly and severally, unconditionally guarantees to Capitol City Produce LLC the full and prompt payment of all obligations which Guarantor presently or hereafter may have to Capitol City Produce. Guarantor agrees to indemnify Capitol City Produce against any losses Capitol City Produce may sustain and expenses Capitol City Produce may incur as a result of any failure of Guarantor to perform, including reasonable attorneys fees and all costs and expenses incurred in collecting or compromising any indebtedness of debtor guaranteed hereunder or in enforcing this guarantee against Guarantor. This shall be a continuing Guaranty. Diligence, Demand, Protest or notice of any kind is waived. It shall remain in full force until guarantor delivers to Capitol City Produce written notice revoking it as to indebtedness incurred subsequent to such delivery. Such delivery shall not affect any of Guarantors obligations hereunder with respect to indebtedness heretofore incurred.

Signed _____ Date _____

*This form does not serve as an application for credit.

For Office Use Only:	Salesman _____
Route Number _____	Stop Number _____
Account Number _____	Completed by _____
PL _____	Terms given _____
	CC _____
	Minimum Order: Yes/No