

Farmer Jack Produce, Inc

100 Orange Co Cir, Winter Haven, Florida 33881

863 875 5779 Office

863 412 7226

Bryan Vincent, President

Credit Application

Resale Certificate # _____ PHONE: _____ Date: _____

Name: _____ DBA Name: _____

Mailing Address: _____ EM: _____

City _____ ST: _____ ZIP _____ FAX _____

Physical Address if Different _____

Requested Credit Limit: _____ Weekly volume: _____

Monthly volume: _____ Annual volume: _____

Years In Business _____ Rent: _____ Own: _____ Years at Address: _____

Ownership

Corp _____ in State _____ Federal Tax ID# _____ PACA Lic # _____

Individual owner _____ General Partnership _____ Limited Partnership _____

Owner, Partners, or Corporate Officers

Name: _____ Title _____ SS# _____

Mailing Address _____ Cell _____

Name: _____ Title _____ SS# _____

Mailing Address _____ Cell _____

Name: _____ Title _____ SS# _____

Mailing Address _____ Cell _____

Name: _____ Title _____ SS# _____

Mailing Address _____ Cell _____

Have any of the above ever filed any type of bankruptcy proceeding? NO _____

Yes _____ Please fully describe on a separate sheet of paper.

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Bank Information

Name on Bank Account: _____

Bank Name _____ Routing: _____ Acct # _____

Bank Address: _____ City _____ ST _____ Zip _____

Bank Phone _____ REP at Bank _____ Ext _____

Trade References

Trade Name _____ Contact: _____

Address: _____ Telephone (____) _____ Ext _____

Trade Name _____ Contact: _____

Address: _____ Telephone (____) _____ Ext _____

Trade Name _____ Contact: _____

Address: _____ Telephone (____) _____ Ext _____

Customer Signature

Date

Farmer Jack Credit Agreement of Terms and Conditions:

Confirmation of Information Accuracy and Release of Authority to Verify

I, hereby certify that the information on this application is correct. The information included in this application is for the use by Farmer Jack Produce, Inc. to determining the amount and conditions if credit is to be extended. I understand that Farmer Jack Produce, Inc may utilize the sources of credit that it considers necessary in the making of this determination. Further I hereby have the authority and authorize the bank and trade references listed in this application to release the information necessary to assist Farmer Jack Produce, Inc in establishing a line of credit if credit is desired.

Signature: _____ Title: _____ Date: _____

CREDIT CHECK DNB # _____

Name: _____ DBA: _____

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Mailing Address: _____ EM: _____

City _____ ST: _____ ZIP _____ FAX _____

Physical Address if Different _____

Requested Credit Limit: _____ Payment Schedule: _____

- Terms 7 days: Payment for all purchases made Monday through Saturday of any week is due no later than the Thursday of the following week are considered the same as cash. All past due balances PACA Terms apply 1.5% interest on outstanding balance, applied weekly, no balances to exceed thirty days. In no case shall balances exceed the agreed upon limit from page one.

This agreement signed by and between the parties shall constitute binding agreement between all parties. If the circumstance of ownership of the customer changes, customer must reapply for credit. Farmer Jack reserves the right to resend this agreement with or without notice, if the credit customer credit worthiness changes, or if continued delinquency occurs.

Agreed to by: (Print Name) _____ Date: _____

Signature as authorized representative: _____

Continuing Guaranty

In consideration of the extension of credit by Farmer Jack Produce, Inc, I _____, Personally guarantee prompt payment for all past, present and future indebtedness for the Customer as signor to Farmer Jack Produce Inc., Should legal proceedings be necessary to collect Customer's indebtedness to Farmer Jack Produce, Inc, I agree to pay, as they accrue, all the cost associated with such collections and legal proceedings, including attorney fees, which attorney's fees shall be no less than 1.5% of the principal and interest due and owing.

Signature: _____ Title: _____ Date: _____

And

Signature: _____ Date: _____

Bryan G Vincent, as President, and representative for Farmer Jack Produce, Inc, a Florida Corporation.

REMIT ALL PAYMENTS TO:

Farmer Jack Produce, Inc

100 Orange Co Cir

Winter Haven, FL 33881

Completed application can be mailed or faxed to (863) 875 5780

Email farmerjackla3@aol.com

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Farmer Jack Produce Credit Card Charge Authorization Form

Please complete all fields. You may cancel this authorization at anytime by contacting us in writing. This authorization will remain in effect until cancelled.

Card Type:	Visa	___	Master Card	___	AMEX	___	Other	_____
Cardholder Name as it appears on the card	_____							
Card Number:	_____	Exp Date	_____	CCV Code:	_____			
Cardholder Zip Code from the credit card billing address:	_____							

I, _____, authorize Farmer Jack Produce, Inc to charge my credit card weekly for purchases, and I understand that my information will be saved for future transactions on my account.