PO Box 1001
Watsonville, CA 95077
Phone: 831-724-7243 Fax: 831-724-5817
ar@betterbrandfoods.com

FOR OFFICE USE ONLY - TRUCK ROUTE

Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

CREDIT APPLICATION

ALL ACCOUNTS ARE COD PENDING CREDIT APPROVAL

Date _____

Legal Billing Name:

_____

(DBA) Trade Name:

_____

Shipping Address: _____

_____

_____

Shipping Phone Number: _____

Corporation: Yes / No **Partnership: Yes / No**

Length of Present Ownership:_____

Type of Business: _____

Individual Yes / No Other: _____

Federal Tax ID: _____

How are you planning on making payments?

☐Check in the mail ☐ Cash/Check on delivery

☐ ACH every 15 days

☐ Credit Card payment every 15 days (3.5% fee for all credit card transactions)

Check your preferred delivery days

Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

No Preference: _____

Owner/President's Contact Information

Contact #1 Name: _____

Phone Number: _____

Federal Tax ID: _____

Contact #2 Name: _____

Phone Number: _____

Federal Tax ID: _____

Continue to next page….

Accounts Payable Contact Information:

Contact Name: _____ **Billing Address:** _____

A/P Phone Number: _____ _____

A/P Email Address: _____ _____

All statements will be sent to the email address in the A/P information. Please list any other emails you would like this information to be sent to. It is the responsibility of our customers to update Better Brands Foods Products, Inc. of any changes to their account.

Email Address: **Email Address**

_____ _____

Provide Information for Individual Proprietors, General Partners or Corporate Offices

Name: _____ **Please attach a complete list if necessary.**

Title: _____ Bank Name: _____

Home Address: _____ Account Number: _____

_____ Bank Address: _____

Home Phone: _____ _____

Cell Phone: _____ Phone Number: _____

Social Security: _____ Contact: _____

Trade References: Please list your primary supplier's for Grocery, Meat, Seafood & Dairy

Company:_____ Fax:_____ Account Number: _____

Company:_____ Fax:_____ Account Number: _____

Company:_____ Fax:_____ Account Number: _____

Continue to next page….

Terms & Conditions Agreement

Terms & conditions must be signed to process.

1) Upon approval of this application, Better Brand Food Products, Inc. in its sole discretion shall have the right to terminate the Applicant's credit privileges under this application at any time without prior notice, except as otherwise provided by law.

2) The undersigned purchaser agrees that all amounts due, Better Brand Food Products, Inc. are to be paid by the terms set forth by Better Brand Food Products, Inc. If any amount is not paid within said period, a delinquency charge of 1-1/2% per month of the delinquent balance shall be added to the sum due. The undersigned purchaser also agrees to pay Better Brand Food Products, Inc. a service charge of $30.00 or 5% of the face value whichever is greater for all protested items (Checks or ACH's) not honored by the bank for any reason.

3) The Undersigned purchaser agrees to pay; in the event the account becomes delinquent and is turned over to an attorney or collection agency, attorney or collection fees equal to 18% of the principal and interest.

4) The undersigned purchaser agrees to notify Better Brand Food Products, Inc. by certified mail or an overnight delivery service of any change in ownership of the customer and further agrees to be liable for all purchases should be undersigned fail to comply with said notification. In the event that this application is executed by more than one person, then, in such event the liabilities and obligations of the undersigned hereunder shall be joint and several and relative words herein shall be read as plural.

5) Applicant expressly agrees the Better Brand Food Products, Inc. shall not be responsible for any product nonconformity as to quantity, quality or price unless noted on the original delivery receipt at the time of delivery or unless Better Brand Food Products, Inc. receives written notification by facsimile or otherwise of such nonconformity within 24 hours of delivery.

Applicant certifies that the information provided in this application and any other financial statements furnished in connection herein is being submitted solely for the purpose of gathering credit information and understand that Better Brand Food Product, Inc. intends to rely upon such information.

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Terms Requested: _____ Terms Approved: _____ Date: _____

Continue to next page…

Individual Personal Guarantee

Not signing the Individual Personal Guarantee will lead to your account being a COD (cash/check on delivery)

I, _____(print name) fir and in consideration of your extending credit at my request to _____(print business name) do personally, unconditional guarantee the full and prompt payment of any obligation owing by the business identified above. My obligations, as guarantor, shall not be affected, excused or impaired by any change of credit terms or other dealing with the principal obligor. In the event of a default on the obligations owing Better Brand Food Products, Inc., Better Brand Food Products, Inc. may proceed directly against me to enforce their rights hereunder without proceeding with exhausting any other remedies it may have. This guarantee is a continuing guarantee of payment, not of collection, and shall remain in force until revoked by Guarantor in writing to Better Brand Food Products, Inc. by overnight courier service or certified mail delivered to Better Brand Food Products, Inc.at its corporate offices. Such revocation shall be effective only as to the obligations, which arise out of transactions entered after receipt of notification and shall not release or affect any of my liabilities existing prior to the date of receipt of termination by Better Brand Food Products, Inc. I expressly assume liability for all interest charges and attorney's fees set forth in the terms and conditions of the credit extension to the business identified above.

Signature: _____ Print Name: _____

Social Security Number: _____ Date: _____

Home address: _____

_____

_____

Signature: _____ Print Name: _____

Social Security Number: _____ Date: _____

Home address: _____

_____

_____

Use of a corporate title shall in no way limit the personal liability of the signatory.

Documentation Request

Resale or Exempt Tax Certificate: SALES TAX WILL BE CHARGED WITHOUT THESE DOCUMENTS