

PLAINFIELD FRUIT & PRODUCE CO. INC.  
82 Executive Ave.  
Edison, N.J. 08817

**APPLICATION FOR CREDIT**  
ALL INFORMATION MUST BE COMPLETED

Please complete this application and return it to Plainfield Fruit & Produce Fax # 732-248-1455

NAME OF FIRM OR INDIVIDUAL	PHONE #	FAX #
ADDRESS	YEARS AT THIS ADDRESS	
CITY	STATE	ZIP

**TERMS AND AMOUNT OF CREDIT REQUESTED**

THE FOLLOWING INFORMATION MUST BE PROVIDED. IT WILL BE HELD IN THE STRICTEST CONFIDENCE.

**OWNERSHIP**

NAME(S) OF PRINCIPAL(S)	ADDRESS
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NAME(S) OF PRINCIPAL(S)	ADDRESS
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BANK NAME	ADDRESS	PHONE #
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**BUSINESS REFERENCES**

NAME	PHONE #
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ADDRESS	Acct#	FAX #
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NAME	PHONE #
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ADDRESS	Acct#	FAX #
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NAME	PHONE #
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ADDRESS	Acct#	FAX #
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- The undersigned is authorized to make this application and certifies that he/she has read and agrees to the terms and conditions stated herein. The undersigned on behalf of applicant hereby:
1. Agrees to pay Plainfield Fruit and Produce Co. Inc. invoices when due pursuant to the terms approved by Plainfield Fruit and Produce Co's Credit Department.
  2. Agrees to pay a service charge of \$30 for each check returned by the applicants bank.
  3. Agrees to immediately notify Plainfield Fruit and Produce Co., by certified mail to the attention of the Credit Dept., of any change in ownership of the applicant.
  4. Agrees that a faxed copy of this credit application and all signatures can be considered original
  5. Agrees, that in the event the account defaults, to pay a service charge of 1.5% per month (18% annual charge) and all reasonable costs of collection, including attorney's fees, incurred by Plainfield Fruit and Produce Co.

I certify that the information provided on this form is correct. We fully understand your credit terms and agrees to the proper payment in consideration of extended credit.

NAME & TITLE OF PERSON COMPLETING THIS APPLICATION	DATE
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PRINT NAME