



96 Audubon Road – Wakefield, MA 01880  
617.466.0366 fax 617.466.0372

**BUSINESS INFORMATION**

*\*\*Forms that are not completely filled out will not be processed\*\**

Date: \_\_\_/\_\_\_/\_\_\_  
Corporate Name: \_\_\_\_\_ Website: \_\_\_\_\_  
D/B/A If Different: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Principal (s) Owner (s): \_\_\_\_\_  
Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_  
Federal Tax ID# (EIN/TIN) : \_\_\_\_\_  
Emergency Contact/Food Safety : \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ORDERING / DELIVERY INFORMATION**

*\*\*\*All accounts are required to place orders online via one of our web applications\*\*\**

*Special requests can be submitted and will need to be approved.*

Ordering Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Order Confirmation Email: \_\_\_\_\_  
Anticipated Weekly Purchase Amount? \$ \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM  
Requested Delivery Days: (circle) MON – TUE – WED – THUR – FRI – SAT  
Desired Delivery Window : \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM  
Is a key drop (before hours delivery) an option? Y / N If Yes, Indicate Lock Box #: \_\_\_\_\_  
Alarm Code: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

*\*\*\*\*We will do our best to accommodate your requests and desires regarding delivery.\*\*\*\**

*\*\*\*\*Order size/amount and location will be considered when determining the requests and desires.\*\*\*\**

Do you desire live delivery updates? Y / N If Yes, Email: \_\_\_\_\_  
Text: \_\_\_\_\_

Do you wish to receive our weekly newsletter and email specials? Y / N  
If Yes, Email: \_\_\_\_\_

Do you want to receive weekly price updates? Y / N If Yes, Email: \_\_\_\_\_



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**ACCOUNTING INFORMATION**

Accounts Payable Contact: \_\_\_\_\_  
Address (if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Requested Terms: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Where do you want invoices emailed to: \_\_\_\_\_  
Will you require statements? Y / N If Yes, Weekly or Monthly Email: \_\_\_\_\_

**BUSINESS/TRADE REFERENCES**

*\*\*Absolutely NO liquor companies or produce companies allowed\*\**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

**CUSTOMER GUARANTEE AGREEMENT**

All invoices are to be paid within approved terms. A 1.5% service charge per month (18% annual charge) will be charged on balances in excess of 30 days until paid in full. Any and all collections costs will be added to the outstanding balances. Signing this agreement indicates your acceptance of the terms and conditions as stated and your authorization for The Produce Connection to make all inquiries necessary to determine credit worthiness.

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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**PERSONAL GUARANTEE AGREEMENT OF OFFICER OR OWNER ONLY**

In consideration of the extension of credit granted by The Produce Connection to the above mentioned establishment, I hereby personally, individually and unconditionally guarantee payment of whatever amount at any time shall be owing to The Produce Connection on account for goods delivered, and after the date hereof. This is a continuing guarantee relating to any indebtedness, including ongoing successive transactions for goods, delinquency/finance charges, and all collections costs, including attorney's fees. This personal guarantee shall be perpetual as to any indebtedness incurred before written notice is received by The Produce Connection that I am unwilling to guarantee any additional indebtedness on this account. I understand and agree to pay 1.5% per month delinquency and finance charge applied to the any balance outstanding over 30 days or more, computed on a daily basis and all collection costs, including court and attorney fees. Delinquency, finance, and collection charges shall not exceed maximum allowed by state and federal law.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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**COMPANY USE ONLY BELOW**

Date Received By A/R: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Terms Approved: \_\_\_\_\_ Customer notified of terms by: \_\_\_\_\_ Method: \_\_\_\_\_

PPRO Fields Entered By : \_\_\_\_\_

Customer Number: \_\_\_\_\_

Customer Added To Newsletter By: \_\_\_\_\_

Customer profile for online ordering created by: \_\_\_\_\_ Date: \_\_\_\_\_

Customer notified of online ordering credentials and trained for use by: \_\_\_\_\_ Date: \_\_\_\_\_