



## CUSTOMER DATA SHEET & CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Firm or Business Name	Primary Contact Name
Doing Business As (DBA)	Title
Billing Address	Phone
City, State ZIP Code	E-Mail
Phone	Accounts Payable Contact
Fax	Phone
E-mail	E-mail

### DELIVERY INFORMATION

Delivery Address	Receiver Contact Name						
City, State ZIP Code	Phone						
Receiving Hours:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Special Instructions for our driver (gate, ramp door code, dock, etc.)							

### BUSINESS AND CREDIT INFORMATION

Type of Business: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	Years in business		Bank name	
	Years at present location		Address	
	Federal Tax ID #		City, State ZIP Code	
	Hawaii GE Tax ID #		Phone	
	Are you accredited with the Better Business Bureau?		Account number	
		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	

### BUSINESS / TRADE REFERENCES

Company name	Phone
Address	E-mail
City, State ZIP Code	Type of account
Company name	Phone
Address	E-mail
City, State ZIP Code	Type of account

### AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize M V Farms Inc. to make inquiries into the banking and business/trade references supplied.

### SIGNATURES

Signature	Signature
Name and Title	Name and Title
Date	Date