

**Jet-Fresh, Inc.**  
**8227 E Granite Pass Rd.**  
**Scottsdale, AZ 85266**

**TEL: 480-595-9979 FAX: 602-268-2801**  
accounting@jetfresh.net

**CORPORATE INFORMATION:**

Corporation Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of Business**

Corporation \_\_\_\_ Partnership \_\_\_\_ Proprietorship \_\_\_\_ Company in business since: \_\_\_\_\_

Annual Revenue: \_\_\_\_\_ Tax Exempt Number: \_\_\_\_\_

**Accounts Payable**

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SHIPPING INFORMATION**

Restaurant Name: \_\_\_\_\_

Fedex Ship to Address (NO PO BOXES): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_

\_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Main Number: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**PRINCIPALS' INFORMATION**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

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

**BANK INFORMATION**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct. # (req): \_\_\_\_\_

**TRADE REFERENCES (include at least two seafood/meat purveyors)**

1. Company Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Doing Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Acct.#: \_\_\_\_\_ Terms: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Doing Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Acct.#: \_\_\_\_\_ Terms: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years Doing Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Acct.#: \_\_\_\_\_ Terms: \_\_\_\_\_

**PAYMENT INFORMATION**

Credit Card Type: Visa \_\_\_\_ MasterCard \_\_\_\_ American Express \_\_\_\_ Discover \_\_\_\_

Credit Card Number \_\_\_\_\_ CVV \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

\*I hereby release and authorize the use of the above credit card to Jet-Fresh, LLC.

**CREDIT CARD GUARANTEE**

By signing below, customer hereby authorizes Jet-Fresh, LLC to charge all past due invoices (60 days past the invoice date) to the company credit card or personal credit card listed above. Jet Fresh will notify customer prior to charging the credit card. Delinquent accounts (older than 90 days) are subject to collections; all collection expenses, attorney’s fees and court costs are the responsibility of the creditor.

Authorized Signature \_\_\_\_\_

Printed Name & Title \_\_\_\_\_

Date \_\_\_\_\_

Applicant hereby agrees to pay a service charge of 2% per month of the maximum allowable by law on all past due balances. Amounts are due within the terms set forth when account is opened. Should it become necessary for Jet-Fresh, Inc. to use a collection agency or to file suit to enforce payment of any charges, applicant agrees that such suit may be brought in the County of Maricopa, State of Arizona at the request of Jet-Fresh, Inc. and Jet-Fresh, Inc. shall be entitled to collection fees, court costs, attorney’s fees and interest at the rate of 24% or the maximum allowable by law per annum on all amounts found to be due liable. **I certify that the above information is true to the best of my knowledge and I agree to the above terms. I authorize Jet-Fresh, Inc. to make any credit inquiries necessary. I agree to pay a service charge for any returned checks.**

Signature of Owner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_

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

