

CUSTOMER ACCOUNT APPLICATION

Commerce International, Inc.

4300 LB McLeod Rd, Unit C / Orlando FL 32811 / TEL (407) 426-7098 / FAX (407) 426-6841

EMAIL info@commercefoods.com

****Application must be completely filled out and signed for consideration****
****TERMS: are C.O.D. until Credit History Established and Account Upgraded****

Legal Company Name: _____

DBA: _____

(If Operating under a different Name)

Corporation () Partnership () Sole Proprietorship () Other () _____

State of Incorporation: _____ Year Incorporated: _____

Business Phone: (____)____-____ Business Fax: (____)____-____

Business Address: _____

Shipping Address: _____

Years at This Location: _____

Business LandLord: _____ Tel(____)____-____

Address: _____

Fed. ID # _____ / Sales Tax # _____ State Issued: _____

President: _____ Home Tel(____)____-____

Home Address: _____

Social Security: # _____

Vice-President: _____ Home Tel(____)____-____

Home Address: _____

Social Security: # _____

Account Payable Manager: _____

Name & Home Address of Person(s) Signing Check(s):

1) _____

Home Tel(____)____-____ Driver License # _____ State Issued: _____

Social Security: # _____

2) _____

Home Tel(____)____-____ Driver License # _____ State Issued: _____

Social Security: # _____

Bank Name / Address: _____

Bank Account # _____ Tel(____)____-____ Fax(____)____-____

List Persons Authorized to Charge or Order on Your Account:

(Name) (Position) (Name) (Position)

List (4) Current Trade References:

1)	_____	_____	_____	_____	_____
	(Name)	(Street / POB)	(City)	(State)	(Zip Code)
Contact Person:	_____		Tel(____)	_____	_____
2)	_____	_____	_____	_____	_____
	(Name)	(Street / POB)	(City)	(State)	(Zip Code)
Contact Person:	_____		Tel(____)	_____	_____
3)	_____	_____	_____	_____	_____
	(Name)	(Street / POB)	(City)	(State)	(Zip Code)
Contact Person:	_____		Tel(____)	_____	_____
4)	_____	_____	_____	_____	_____
	(Name)	(Street / POB)	(City)	(State)	(Zip Code)
Contact Person:	_____		Tel(____)	_____	_____

TERMS AND CONDITIONS : I (we), the undersigned, hereby apply for open credit and/or check writing privileges, by assuring that the information set forth herein is true and correct, and Authorize the Listed Bank and Credit References to release all required Credit Information to Commerce International, Inc. I (we) understand that Commerce International, Inc. reserves the right to decline credit/check writing privileges and/or revoke same, or terms (open credit), without prior notice, and the reason for such actions may or may not be disclosed due to strict policies and confidentiality. The undersigned agree(s) to pay interest at the rate of 18% per annum on delinquent invoices. The undersigned acknowledges that billing is Per Invoice Only. In addition, the undersigned understands that ANY AND ALL RETURNED CHECKS SHALL BE AUTOMATICALLY ASSESSED \$25.00 OR 5% OF THE CHECK AMOUNT, WHICHEVER IS GREATER. The undersigned agrees to pay collection fees, court costs, and reasonable attorneys fees, which may be necessary, should collection or litigation become necessary per Commerce International, Inc. The undersigned acknowledges that this application must be Personally Guaranteed for Consideration. The undersigned agrees that the venue of any and all legal proceedings shall be exclusively in Orange County, Florida, regardless of where any shipments of products were received, or where this particular instrument was signed, or where payment was issued or received. The undersigned attests to be authorized to bind the firm, association, corporation, fictitious name (dba), partnership, to the terms and conditions set herein and agrees that the extension of open credit, check writing privileges and/or terms, if issued, are subject to and in consideration of same.

The undersigned has read and understand the above Terms and Conditions:

_____	_____	_____	_____
(Authorized Signature)	(Title)	(Print Name)	(Date)

This Account is Personally Guaranteed By: (Must be Guaranteed for Consideration)

_____	_____	_____	_____
(Signature)	(Title)	(Print Name)	(Social Security)

_____	_____	_____	_____
(Home Street Address)	(City/State)	(Zip Code)	(Home Telephone)

Information set forth in this application will be held in confidence.

(Do Not Write Below This Line)

DATE: _____ **APPROVED BY:** _____ **TERMS:** _____]