

**FOR OFFICE USE ONLY**

CREDIT MGR \_\_\_\_\_  
CONTROLLER \_\_\_\_\_  
TERMS \_\_\_\_\_  
\$ LIMIT \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_

APPLICATION FOR CREDIT WITH  
**DIXIE PRODUCE, INC.**  
**P. O. BOX 429**  
**CHATTANOOGA, TENNESSEE 37401**

DATE \_\_\_\_\_

TRADE NAME \_\_\_\_\_ Phone \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MAILING ADDRESS for statements if other than above \_\_\_\_\_

Will payment be made from this location? Yes  No  If No, where will payment be made from? \_\_\_\_\_

**Special billing Instructions:**

APPLICANT is:  Sole Proprietorship  Partnership  Corporation

If applicant is a partnership or Corporation, give legal name, Federal I.D. Number and State Incorporated:

**NAME OF OWNERS, PARTNERS, OR CORPORATE OFFICERS ARE AS FOLLOWS**

Name & Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ How Long? \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse, if connected with business \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name & Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ How Long? \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse, if connected with business \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name & Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ How Long? \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse, if connected with business \_\_\_\_\_

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**BANK REFERENCES**

Account Name \_\_\_\_\_ Account # \_\_\_\_\_ Officer's Name \_\_\_\_\_

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

Account Name \_\_\_\_\_ Account # \_\_\_\_\_ Officer's Name \_\_\_\_\_

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

**FOOD SERVICE REFERENCES**

Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Building is: ( ) Owned ( ) Leased If leased, give owner's name. \_\_\_\_\_

Address \_\_\_\_\_

Sales tax exempt: ( ) No ( ) Yes If yes, give exemption # \_\_\_\_\_

Unit Manager's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Average Anticipated Monthly Produce Purchases \$ \_\_\_\_\_ .00

Credit Line Requested \$ \_\_\_\_\_ .00

P.A.C.A. License Number \_\_\_\_\_

Credit Terms Requested \_\_\_\_\_

Is there any other information you wish to be considered in this application? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE! THIS APPLICATION MUST BE COMPLETED IN FULL BEFORE BEING PROCESSED**

If the credit is granted, I/we agree to the above terms and the undersigned is/are responsible for payment of the account. And I/we do further agree, that if my/our account must be placed in the hands of an attorney for collection, or if collection is made through bankruptcy or probate proceedings, do agree to pay reasonable amount of attorney's fees on both the principle and service charge. All charges are due and payable in full at the offices *Dixie Produce, Inc., PO Box 429, Chattanooga, Tennessee 37401.*

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

\* PACA regulations require payment within 10 days from acceptance of the product, if credit is extended, unless there is a written agreement increasing the time of payment. Payment terms cannot be extended beyond 30 days from the acceptance of the product. In addition, applicant understands that accounts past due may be charged a 1-1/2% service charge each month until the unpaid balance is paid in full. If a collection action must be undertaken, applicant agrees to pay reasonable attorney's fees, all court costs and interest accrued on the principle amount owed.