

☆☆☆☆☆ *MEDITERRANEAN GOODS, INC.* ☆☆☆☆☆

**NEW ACCOUNT APPLICATION**

BILLING INFORMATION				
Business Name:				
Trade Name:				
Billing Address:				
City:		State:		Zip Code:
Telephone:		Fax:		
Year Business Established:				
Contact Name:				
Email Address:				

COMPANY INFORMATION	
TYPE OF BUSINESS	
	Supermarket
	Restaurant
	Gourmet Shop
	Gift Basket
	Deli/ Grocery
	e-Business
	Grocery Distributor
	Deli Distributor
	Full Line Distributor
	Institution

SHIPPING INFORMATION (IF DIFFERENT THAN BILLING)				
Business Name:				
Shipping Address:				
City:		State:		Zip Code:
Telephone:				

CORPORATION	
Tax ID No.	
Sales Tax Exemption No.	

BANK REFERENCE				
Bank Name:				
Bank Address:				
City:		State:		Zip Code:
Telephone:				
Account No.				

IF PARTNERSHIP OR INDIVIDUAL	
Name:	
Social Security No.	
Name:	
Social Security No.	

TRADE REFERENCES				
No.	Company Name	Contact Name	Telephone No.	Fax No.
1				
2				
3				

The foregoing information is supplied in support of this application for open account credit. It is understood that our payment terms are NET 10 and any payments after 30 days will be assessed finance charges of 1% per month. Mediterranean Goods, Inc. may request credit history verification from the bank and the trade references provided. All information furnished to Mediterranean Goods, Inc. will be kept strictly confidential.

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

**Personal Guarantee:**

To induce you to extend credit to \_\_\_\_\_, I hereby guarantee, unconditionally, the payment, when due, or each and every obligation, direct or contingent, hereafter arising, owing to you by \_\_\_\_\_. This guarantee is a continuing guarantee and shall remain in force until revoked by notice in writing to you, and revocation hereof shall not prejudice your claim hereunder with respect to any obligation arising prior to revocation.

Guarantor's Signature: \_\_\_\_\_ Guarantor's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Social Security Number of Guarantor: \_\_\_\_\_