



WHOLESALE COMPANY ®

## Credit Application

The entity described below (hereinafter referred to as "Purchaser") is applying for credit with Harrison Grocer Company, Inc. dba Pippin Wholesale Company (hereinafter referred to as "Seller"), 512 Hwy. 62-65 North, Harrison, Arkansas 72601-2504, and agrees to abide by the general terms and conditions as stated herein. This application is submitted to Seller by Purchaser for the purpose of obtaining credit. Seller reserves the right to decline credit to Purchaser and, in the event credit is extended to applicant, to change or revoke Purchaser's credit limit on the basis of changes in Seller's credit policies or Purchaser's financial condition and /or payment record.

Date \_\_\_\_\_

Business (dba) name \_\_\_\_\_

Legal or owning entity name \_\_\_\_\_

Physical/Shipping address	City	State	Zip
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Telephone	Fax	E-mail
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Accounts payable contact	Telephone
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Mailing/Billing address	City	State	Zip
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Type of business	Date established
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Federal tax ID or Social Security number \_\_\_\_\_

Type of Entity (mark one):    (    ) Corporation    (    ) Partnership    (    ) Sole Proprietor    (    ) Limited Liability Company

### SALES AND TOBACCO TAX INFORMATION:

Is the above named business exempt from sales tax?    (    ) Yes    (    ) No

Will the purchases for this business be for resale or become a component part of a finished product?    (    ) Yes    (    ) No

(If the answer to either of the above questions is yes, a signed sales tax exemption certificate must be returned with this application)

Also provide the following permit numbers: Sales and Use Tax	State of issuance
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Tobacco Tax	State of issuance
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### OWNER, OFFICER AND SHAREHOLDER INFORMATION:

Name	Name	Name
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Title	Title	Title
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Address	Address	Address
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City	City	City
------	------	------

State, Zip	State, Zip	State, Zip
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Telephone	Telephone	Telephone
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### TRADE AND BANKING REFERENCES:

Vendor name	Telephone	Fax
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Vendor name	Telephone	Fax
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Financial Institution	Telephone	Fax
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Bank officer name	Account number
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***See terms and conditions on reverse side. This application must be completed in full and signed by the appropriate parties before credit will be extended.***

Office use only:

Salesman/Number	Terms	Approval	Date
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WHOLESALE COMPANY ®

## General Terms and Conditions

Parties hereby agree that all purchases made and extensions of credit to the undersigned Purchaser by Seller are subject to the following terms and conditions:

1. All invoices are due and payable without discount on or before expiration of the terms assigned to the Account, and the terms have been explained to me. Any claims that merchandise has not been received in whole or in part will be denied unless noted on invoice at time of delivery. Claims for damaged or spoiled merchandise must be made within 7 days of receipt of such merchandise. Purchaser agrees that all such claims are waived and released if not made by such date. All sums received by Seller shall be applied to the oldest charges first. Purchaser agrees to pay interest on all past due sums at the maximum rate allowable under the governing law of the state in which the Purchaser is located.
2. The undersigned Purchaser agrees to pay Seller a service charge of \$30.00 for all protested checks returned by their bank.
3. The undersigned Purchaser agrees that if it appears to Seller that Purchaser is insolvent or about to become insolvent or if any balance remains unpaid after same is due, that all credit may be terminated without notice until all balances are paid and until Seller receives such assurances from Purchaser as are sufficient in its sole opinion to insure that all future charges will be paid when due.
4. The undersigned Purchaser agrees to pay, in the event the account becomes delinquent and is turned over to an attorney or agency for collection, all collection and court costs and related attorney fees.
5. The undersigned Purchaser agrees to notify Seller by certified mail of any change of ownership or change in financial status which renders or threatens to render the Purchaser insolvent and agrees to be liable for all purchases should the undersigned fail to comply with said notification.
6. The parties hereby acknowledge that the statements for goods and/or services purchased from Seller are not payable in installments, but are payable in full as stated herein.
7. The covenants, waivers, releases and promises aforesaid are made in consideration of Seller extending credit to the Purchaser on open account.
8. Seller may require that a new credit application be filed at any time and may terminate credit if such application is not filed.
9. This credit application and the following personal guaranty shall apply to all sales made by Seller to Purchaser and not merely to the business location or operation noted herein.
10. Purchaser warrants to Seller that all information furnished for the purpose of obtaining credit is true, correct and complete in all material respects, and Purchaser authorizes Seller to investigate all references furnished pertaining to the credit and financial responsibility of Purchaser.

\_\_\_\_\_  
Purchaser (Company Name)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signer's Title

For value received and to induce you to extend credit hereunder, the undersigned jointly, severally and unconditionally guarantees payment, of any and all indebtedness, which the Purchaser has incurred or may incur in the performance of all obligations of said Purchaser to Harrison Grocer Company, Inc. dba Pippin Wholesale Company or any related or subsidiary corporation. The liability of the undersigned shall not be affected by the amount of credit extended hereunder, by any change in the form of the indebtedness, by note or otherwise, or by the renewal or extension thereof. Notice of acceptance of this guaranty, of the extension of said indebtedness, of sales, of orders, of deliveries, of default in payment, of the release of the whole or part of the indebtedness, or of any other matter with respect hereto, is waived. This guaranty shall be enforceable before or after any proceeding against the Purchaser and shall be effective regardless of the solvency of the Purchaser, the subsequent incorporation or failure of incorporation, the assignment, transfer or sale of said Purchaser or by any other change in the composition, nature, personnel or location of the Purchaser. Should this matter be referred to an attorney for collection, the undersigned shall pay all expenses of collection and reasonable attorney's fees incurred by reason of the default of the Purchaser. This guaranty shall continue in full force and effect for thirty (30) days after such date it is revoked by written notice delivered certified mail. Such revocation shall not relieve the undersigned of any liability for any indebtedness or obligation incurred prior to the expiration of 30 days following the receipt of such notice.

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Drivers License Number / State of Issuance

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

# **AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH Credits and Debits)**

I \_\_\_\_\_, hereby authorize HARRISON GROCER CO., INC., dba PIPPIN WHOLSALE COMPANY, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Account:   \_\_\_ Checking   \_\_\_ Savings

Email address for ACH notification: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
ID Number (if required by Financial Institution)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**