



Bush Brothers Provision Co.

Customer Account Application

Thank you for your interest in Bush Brothers Provision Company.

This form is comprised of 4 pages of information needed to open a wholesale account with Bush Brothers Provision Company.

Page 2: Tell us about your company, your needs, and your history, and your ownership.

Page 3: Please provide us the necessary licenses and certificates. Any and all that apply to your business. Also, please share with us some trade references. Independent food distributors are preferred.

Page 4: Provide as much banking information as possible, including bank representative's contact information. Before opening your account, we must obtain a bank reference. Lastly, please note the principal/owner listed here must sign the personal guarantee. Without a physically signed personal guarantee (electronic signatures are not accepted), we may be unable to consider the account for credit terms. The account will open either check or cash COD.

Please note all pages must be filled out completely. All information requested in this application is required.

Please return via email: orders@bush-brothers.com or fax [561-832-1460](tel:561-832-1460), as well as provide a hard copy to your sales representative or mail the original to our office.

Once received by our office, we will begin processing. Please allow 5-7 business days. Credit Applications are subject to approval and acceptance by Bush Brothers Provision Company in its absolute discretion.

Per company policy all accounts start as COD, until account application has been processed



Customer Information

FOR OFFICE USE:

Account Number: _____ Sales Rep Name: _____

Date Application Submitted: _____

Ship-to Information:

Trade Name / DBA

Address

City/State/Zip

Phone Number

Tax ID Number

Daily Invoice Email?

Type of Establishment:

☐ Restaurant ☐ Hotel ☐ Country/Golf/Yacht Club ☐ Healthcare ☐ Yacht ☐ Caterer ☐ Individual

☐ Corporation ☐ Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Non-profit

New Owner? ☐ Yes ☐ No Purchase Date _____ Length of Ownership _____

New Business? ☐ Yes ☐ No Time in Business _____ Previous Businesses _____

Building ☐ Owned ☐ Leased Owner's Name _____ Owner's Phone _____

Are you or your business or your previous businesses party to any pending legal proceedings? ☐ Yes ☐ No

Principal/Member/Partner

Name and Title

Home Address

City/State/Zip

Home Phone Number

Social Security

%Ownership

Principal/Member/Partner

Name and Title

Home Address

City/State/Zip

Home Phone Number

Social Security

%Ownership

I AUTHORIZE Bush Brothers to obtain a Consumer Credit Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

(If more than 2 owners, attached additional sheet)

1931 North Dixie Highway, West Palm Beach, FL 33407 || (561) 832-6666 || www.bush-brothers.com

Company History

Blanket Sales Tax Exemption

Purchaser hereby certifies to:

Bush Brothers Provision Company
1931 North Dixie Highway
West Palm Beach, FL 33407

That _____ (Name of Company)

1. Purchaser holds valid registration – Permit # _____
2. The tangible property purchased on each order we shall give, unless such order shall otherwise specify that until this notice is revoked by us in writing is:
 - ☐ For resale reported on sales tax filings as sales of tangible personal property
 - ☐ Exempt because we are tax exempt institution (copy of exemption letter attached)
 - ☐ Exempt for other reasons.
3. The undersigned purchaser further certifies that he or she will assume liability for payment of tax if he or she uses or consumes the property herein purchased in such a manner as to render the sales subject to tax.

Regulations provided that certificate must have registration number, address and signature in order to be effective by:

_____ (Signature)

_____ (Title)

_____ (Date)

Licenses & Accounts

Please provide all applicable licence information:

_____	_____	_____
Liquor License Number	Type	Federal Tax ID Number
_____	_____	_____
Business License Number	Type	Other Business Licenses
		Type

Credit References

Credit References:

Independent Food Distributors HIGHLY preferred, please only vendors that we can request information from.

_____	_____	_____
Business Name	Business Name	Business Name
_____	_____	_____
Street Address	Street Address	Street Address
_____	_____	_____
City/State/Zip	City/State/Zip	City/State/Zip
_____	_____	_____
Payables Contact Phone Number	Payables Contact Phone Number	Payables Contact Phone Number
_____	_____	_____
Account Number with Vendor	Account Number with Vendor	Account Number with Vendor

Corporate Financial Details

Weekly Meat Purchases \$ _____ Monthly Revenue \$ _____ Number of Employees _____

Terms Requested: ☐ C.O.D. ☐ Weekly ☐ Other _____ (Why other Needed?) _____

Bank Name

Bank Officer

Address

Phone Number

City/State/Zip

Email Address

Checking Account #

Balance

Loans Account #

Balance

By signing this credit application, the financial institutions representing the entity requesting credit with Bush Brothers are hereby authorized to release entity specific banking information to Bush brothers or its agents.

WE AGREE THAT IN THE EVENT OUR ACCOUNT REMAINS UNPAID BEYOND 30 DAYS PAST THE DUE DATE, AND IS PLACED WITH AN ATTORNEY OR COLLECTION AGENCY FOR COLLECTION, WE WILL PAY COLLECTION COSTS, INCLUDING REASONABLE ATTORNEY'S FEES OR OTHER AGENCY FEES. IN ADDITION, WE AGREE TO PAY A 1.5 % SERVICE CHARGE PER MONTH ON UNPAID BALANCES, WHICH ARE MORE THAN 30 DAYS PAST DUE AND/OR TURNED OVER FOR COLLECTION. WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. HEREBY applies for credit in accordance with the terms and conditions of **Bush Brothers Provision Company**

Signed this _____ day of _____, 20____ by: _____

Name of Authorized
Officer/Manager/Member

Title of Authorized
Officer/Manager/Member

Signature of Authorized Officer/Manager/Member: _____

Personal Guarantee

IF THIS COMPANY IS A CORPORATION, OR LLC, PLEASE NOTE THE FOLLOWING:

I _____ (Name), in consideration for your extending credit at my request to _____, (hereinafter referred to as the "Company"), of which I am _____ (Position), hereby personally guarantee to Bush Brothers the payment of the obligation of the Company the Bush Brothers and I hereby bind myself to pay Bush Brothers on demand any sum which may become due you by the Company whenever the Company fails the same. It is understood that this guarantee shall be continuing and irrevocable guaranty and indemnity for such indebttness of the Company. It is understood that this guarantee shall be continuing and irrevocable guaranty and indemnity for such indebttness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit hereby guaranteed. If there is more than one guarantor, then the guarantee of each guarantor is joint and several, and the Company has no obligation to pursue collection from one guarantor before another or both, in the Company's sole discretion.

Signed

Signed

Printed Name / Title

Printed Name / Title

Date

Date

(If more than 2 owners, attached additional sheet)