

ST AUGUSTINE, FL 32084

email: stjohnsfoods@fdn.com

## **◀ NEW ACCOUNT ▶ CHECK WRITING PRIVILEGE** and/or CREDIT APPLICATION



## COMPLETION OF THE INFORMATION BELOW IS REQUIRED TO OPEN AN ACCOUNT WITH ST JOHNS FOOD SERVICE AND TO PAY BY CHECK

FULL NAME OF BUSIN	IESS (d/b/a)	BUSINESS STF	REET ADDRESS	BUSIN	ESS CITY	ZIP CODE	
RIMARY CHECK SIGNER			SECOND CHECK SIG	NER (attach additional s	heets if necessary)		
FULL NAME		TITLE	FL	JLL NAME		TITLE	
HOME STREET A	ADDRESS	COUNTY	. HOM	IE STREET ADDRESS		COUNTY	
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
SOCIAL SECURITY#	HOME PHONE #	BUSINESS PHONE #	SOCIAL SECURITY	# HOME P	HONE #	BUSINESS PHONE #	
DRIVERS LICENSE #	STATE  DATE OF BIRTH	EXPIRATION DATE HEIGHT		emale	STATE OF BIRTH	EXPIRATION DATE	
BANK NAME	A	CCOUNT NUMBER	BAN	K NAME	AC	COUNT NUMBER	
SIGNATURE ON FILE WITH	BANK		SIGNATURE O	N FILE WITH BANK	_		
LL INFORMATION ABOVE MUST HECK WRITING AUTHORIZATIO CCOUNT FOR ANY AND ALL RE COMPLETION	N MUST COMPLETE THIS I FURNED CHECKS. THIS A	NFORMATION. FURTHER, MOUNT MAY BE ADJUSTED	YOU ARE ADVISED THAT ST	JOHNS FOOD SERVIC NK FEES TO PROCESS	E, INC. WILL CHAF S RETURNED ITEN	RGE \$35.00 TO YOUR IS CHANGE.	
LEASE COMPLETE THE FOLLOW ETERMINATION OF GRANTING (							
LEGAL ORGANIZATION OF BUSINESS  [ ] Sole Proprietorship [ ] Limited Partnership [ ] Corporation Partnership Agreement Available [ ] General Partnership [ ] Yes [ ] No			TYPE OF BUSINESS (CHECK)  [ ] RETAIL [ ] RESTAURANT [ ] WHOLESALE [ ] OTHER (EXPLAIN)	SALE			
BUSINESS BUILDING IS		] LEASED					



4 LOUISE STREET ST AUGUSTINE, FL 32084 phone: 904-824-0493

fax: 904-824-6527 email: stjohnsfoods@fdn.com

## NEW ACCOUNT ► CHECK WRITING PRIVILEGE and/or CREDIT APPLICATION



## COMPLETION OF THE FOLLOWING INFORMATION IS REQUIRED TO ESTABLISH CREDIT TERMS BANK REFERENCES TRADE REFERENCES (preferably food distributors) COMPANY NAME BANK NAME PHONE NUMBER PHONE NUMBER **ADDRESS** CITY COMPANY NAME ACCOUNT NUMBER BANK OFFICER (IF APPLICABLE) OPEN PHONE NUMBER BANK NAME PHONE NUMBER CITY ADDRESS CITY COMPANY NAME PHONE NUMBER ACCOUNT NUMBER BANK OFFICER (IF APPLICABLE) CUSTOMER ANTICIPATES THAT PAYMENT OF OPEN INVOICES WILL BE MADE ON THE DAY(S) INDICATED BELOW (CHECK ALL THAT APPLY): [ ] MONDAY [ ] TUESDAY [ ] WEDNESDAY [ ] THURSDAY [ ] FRIDAY [ ] OTHER THE UNDERSIGNED GUARANTOR ACKNOWLEDGES THAT ST JOHNS FOOD SERVICE, INC. RESERVES THE RIGHT TO ASSESS AN 18% PER ANNUM (OR LARGER AS ALLOWED BY LOCAL LAW) FINANCE CHARGE TO ANY AND ALL UNPAID BALANCES ON THE ACCOUNT OVER 30 DAYS FROM INVOICE DATE. INDIVIDUAL PERSONAL GUARANTY RESIDING AT GUARANTOR NAME **GUARANTOR HOME ADDRESS** FOR AND IN CONSIDERATION OF ST JOHNS FOOD SERVICE, INC. EXTENDING CREDIT TERMS AT MY REQUEST TO NAME OF BUSINESS (THE COMPANY) HEREBY PERSONALLY GUARANTEE TO YOU OF ANY OBLIGATION OF THE COMPANY, AND I HEREBY AGREE TO BIND MYSELF TO PAY ST JOHNS FOOD SERVICE, INC. ON DEMAND ANY SUM, WHICH MAY BECOME DUE TO YOU BY THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTY SHALL BE A CONTINUING AND IRREVOCABLE GUARANTY AND IDENTITY FOR SUCH INDEBTNESS OF THE COMPANY. I DO HEREBY WAIVE NOTICE OF DEFAULT, NONPAYMENT AND NOTICE THEREOF AND CONSENT TO ANY MODIFICATION OF RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED. THE UNDERSIGNED GUARANTOR(S) AGREES TO PAY, IN THE EVENT THE ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, A REASONABLE ATTORNEY'S FEE PLUS ANY AND ALL ATTENDANT COURT COSTS. GUARANTOR SIGNATURE DATE

**GUARANTOR'S SPOUSE** 

DATE