



LUCERO PRODUCE II CORP

1250 Randall Avenue

Bronx, NY 10474

Phone #: 718-590-9683

Fax #: 347-590-6979

Email: accts_rec@luceroproduce.com

CREDIT APPLICATION

Legal Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Date Company Established: _____ At present location since: _____

OWNER INFORMATION:

CHECK ONE:

Corporation: _____ Partnership: _____ LLC : _____ Individual Owner: _____

If incorporated, date of incorporation: _____

List Names of Owners, Partners, and/or Officers:

Name:	Name:
Title:	Title:
Home Address:	Home Address:
Home Phone:	Home Phone:
Social Security #:	Social Security #:

Have any of the previous applicants, owners, or officers ever had a business failure or filed any type of bankruptcy proceedings? (Circle One) Yes No If "yes" please describe the situation below:

Sales Tax #: _____

Federal Tax ID: _____ Is your business: (Check one) ___ Owned ___ Leased

I/We the undersigned hereby authorize Lucero Produce II Corp. to inquire as to the status of banking relations and obtain a business credit report as part of the credit evaluation process. I/We the undersigned, in consideration of Lucero Produce II Corp. extending credit to the above named applicant, do hereby unconditionally guarantee payment of all indebtedness, liabilities, or obligations applicant shall at any time owe to Lucero Produce II Corp, Inc. This guarantee shall be continuing, absolute, conditional and shall remain in force and effect until expressly revoked by written notice from the undersigned and received by Lucero Produce II Corp, Inc. and all said indebtedness and liabilities created before receiving such notice shall be fully paid. This guarantee extends to and includes any and all interest due or become due together with and all costs and expenses including but not limited to collection agency fees, attorney fees and court costs incurred by Lucero Produce II Corp., in connection with any matter covered by this agreement.

Name : _____

Signature: _____

Date: _____

Bank Reference:

Bank Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Credit Reference:

Company Name:	Company Name:
Address:	Address:
Tel #: Fax #:	Tel #: Fax #:

Contact information of person in charge of Accounts Payable:

Name: _____

Phone #: _____

Fax #: _____

E-mail Address: _____

Lucero Produce II Corp.

Terms and Conditions

Payment Terms: Any payment not received as specified in the terms of the invoice will be determined as an overdue debt.

A finance charge of 12% per annum will be charged on overdue accounts.

Unpaid Bills: Lucero Produce II Corp. reserves the right to take possession of any and all products due to lack of payment and will give customers credit for any salvage value.

Invoice Deductions: Absolutely NO deduction of the amount of the invoice shall be allowed without prior approval from Lucero Produce II Corp.

Returned Check Policy: Customers will be charged a fee of \$40.00 (USD) for checks with insufficient funds.

Any controversy or claim arising out of or relating to this contract and agreement shall be settled by arbitration by submission to PACA or Equilaw Judgment upon the award rendered may be entered in any court having competent jurisdiction.

Should collection procedures become necessary, applicant agrees to pay all court costs, attorney fees and collection agency fees.

I/We, the undersigned have read and understood the above terms and conditions and agree to abide by them.

Applicant: _____

Title: _____

Signature: _____

Date: _____