

**Prime Time Sales**

47110 Washington Street #103  
La Quinta, CA 92253  
760-399-4166  
AR@primetimeproduce.com



Thank you for your interest in becoming a PRIME TIME customer. We look forward to providing you with the best in produce and customer service.

In order to facilitate your request for a credit account, please complete the following application. Your PACA License, Dun & Bradstreet number, along with your Blue Book number is required. If you cannot provide any of those, please forward your latest financial statement.

PRIME TIME operates under PACA guidelines with terms of NET 10 DAYS. Please inform your accounts payable department of our terms.

Please send your signed credit application to us by mail, fax or email:

**Prime Time Sales**

Attn: A/R Manager  
47110 Washington Street #103  
La Quinta, CA 92253  
Fax: 866-388-7477  
E-mail: AR@primetimeproduce.com

Thank you for choosing Prime Time!

# CUSTOMER CREDIT APPLICATION



## PRIME TIME SALES

47110 Washington Street #103, La Quinta, CA 92253

### BUSINESS CONTACT INFORMATION

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Company Name:

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Check One:    Corporation        Proprietorship        Partnership        Other (specify)

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

---

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

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FEIN/SS#: \_\_\_\_\_ Blue Book #: \_\_\_\_\_ PACA #: \_\_\_\_\_ DUNS #: \_\_\_\_\_

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### INVOICE METHOD

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Invoices will be sent electronically. Please indicate the appropriate e-mail and/or fax number(s) below:

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E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

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Paper Mail Preferred:

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### BUSINESS AND CREDIT INFORMATION

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Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

---

Bank Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

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Have you ever filed for bankruptcy?

Do you have any pending judgements or lawsuits?

**BUSINESS/TRADE REFERENCES**

Company Name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company Name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company Name:

Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

**AGREEMENT**

The above information is for the purpose of obtaining credit and is warranted to be true and accurate. By signing or entering my name on the Signature line below, I authorize Prime Time Sales or its agents to make a business and consumer credit investigation. I further authorize my bank, finance and trade references to furnish all the necessary information to Prime Time Sales in order to obtain open account credit terms. The undersigned acknowledges to have read and to understand the entire agreement.

**SIGNATURES**

Signature:

Signature:

Title:

Date:

Title:

Date: