



TRADEWINDS

# NEW CUSTOMER APPLICATION

## COMPANY INFORMATION

Company legal name:

DBA:

FEIN:

ABC License #:

Years In business:

Name of owner/responsible party:

Person in charge of purchasing:

Phone:

Fax:

Email:

Store/restaurant/business address:

City:

State:

Zip:

## DELIVERY INFORMATION

Delivery address ☐ Same as above OR:

City:

State:

Zip:

List hours where delivery is NOT allowed:

List "ideal" hours for delivery (Mon – Fri):

Describe any other requirements if needed for delivery:

**Note:** Tradewinds delivery schedule is on each price list. For questions, ask your sales representative.

## ACCOUNTS PAYABLE INFORMATION

Contact name:

Phone:

Email:

Fax:

Mailing address ☐ Same as above OR:

City:

State:

Zip:

## CREDIT APPLICATION BUSINESS TERMS

Payment terms requested: ☐ COD ☐ Net-30 ☐ 15th proceeding month (subject to approval)

**Note:** Standard payment terms are COD (first two orders) and then Net-15 if approved.

This credit application must be signed and acts as a letter authorizing release of all credit information.

i. Tradewinds customers agree to no more than 2 outstanding invoices, regardless of payment terms. Maximum credit line of \$2,000 for all customers.

ii. In order to establish an open line of credit based upon this application, the applicant/responsible party agrees to pay for all purchases in accordance with terms of sale. Applicant/responsible party agrees to pay for any and all past due invoice(s) of the undersigned to Tradewinds Specialty Imports, LLC and shall bear interest at the rate of 10% per month or the highest rate permitted by law in each state. Applicant/responsible party agrees to pay a fee of up to \$25 for all checks returned due to non-sufficient funds. Applicant/responsible party also agrees to act as personal guarantor, hereby (I) the undersigned personally, and jointly and severally guarantee payment of all debts incurred by the Company to include but not limited to legal and collection costs incurred.

### OFFICIAL USE ONLY

Cost #:

Approved terms:

Credit line:

**This credit application must be signed and acts as a letter authorizing release of all credit information.**

Name (print):

Date:

Signature:

Title:

**Please, fax, email, mail this completed form to:**

**Tradewinds Specialty Imports, LLC.** PO Box 73922, Washington DC 20056  
Phone +1 888 494 9077 Fax +1 202 315 3303  
info@tradewindsspecialty.com