



444 SE Caruthers Street • Portland, Oregon 97214-4542
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Customer Information (C.O.D. Payment Terms)

Legal Business Name:* _____

Tax ID Number:** _____

Legal Business Address:* _____

Business Phone Number: _____ Business Fax Number: _____

Billing Address (if different): _____

Billing Phone Number: _____ Billing Fax Number: _____

* Your legal business name and address as filed with local, state and/or federal tax and licensing agencies.

** Employer Identification Number or Social Security Number, whichever is used for filing tax returns.

Business form: Sole Proprietorship Partnership Corporation LLC State: _____

Owner/Partner/Officer Name: _____ Social Sec.# _____

Mailing Address & Phone: _____

Owner/Partner/Officer Name: _____ Social Sec.# _____

Mailing Address & Phone: _____

Regarding all orders, purchases and credit extended to me, I hereby agree to bind myself to pay Apple Foods Inc. on demand any sum which may become due to Apple whenever I shall fail to pay same the the time of delivery. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness. I do hereby waive notice of default, nonpayment and notice thereof, and consent to any modification or renewal of the payment agreement hereby guaranteed.

Date

Business Name (Print or Type)

Owner/Partner/Officer Name (Print or Type)

Owner/Partner/Officer Signature

Date

Business Name (Print or Type)

Owner/Partner/Officer Name (Print or Type)

Owner/Partner/Officer Signature