



Fresh Is Everything

CREDIT APPLICATION

Salesperson \_\_\_\_\_

Terms Requested \_\_\_\_\_

Legal Name \_\_\_\_\_ D.B.A. \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

FEDERAL ID# (IF CORP OR PARTNERSHIP) \_\_\_\_\_

SS# (IF SOLE PROP.) \_\_\_\_\_

Years in Business: \_\_\_\_\_ Business is a: CORP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROP \_\_\_\_\_

[1.] Principal Name/Title: \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

[2.] Principal Name/Title: \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT

The person listed below is responsible for answering questions about unpaid invoices or remittance documents.

Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

BANK INFORMATION

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

TRADE REFERENCES - FOOD SUPPLIERS

1. Business Name \_\_\_\_\_ Phone# \_\_\_\_\_ Account # \_\_\_\_\_

2. Business Name \_\_\_\_\_ Phone# \_\_\_\_\_ Account # \_\_\_\_\_

3. Business Name \_\_\_\_\_ Phone# \_\_\_\_\_ Account # \_\_\_\_\_

**CREDIT AGREEMENT**

In consideration of Get Fresh Produce, LLC (Company) extending credit to the undersigned corporation/individual on open invoices for good purchased from the Company, \_\_\_\_\_ (Debtor) hereby conveys and agrees with the Company as follows: Debtor shall pay for each invoice in accordance with the terms. Failure to pay said account balance within the prescribed period shall be a default hereunder and shall bear interest from the date of delinquency at the rate of 1.5% per month or at the maximum permitted by law. Upon failure of Debtor to pay in accordance with specified terms, the company may take legal measures to collect the outstanding balance of said account: and Debtor agrees to pay interest, plus costs for collection agencies or attorneys employed in the collection of said terms. Debtor has executed this agreement, and the Company accepted same on the

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
*Debtor (Company Name)*

\_\_\_\_\_  
*By: Officer/Owner*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City/State/Zip*

**PERSONAL GUARANTY**

I, \_\_\_\_\_ residing at \_\_\_\_\_ for and in consideration of your extending credit at my request to \_\_\_\_\_ (debtor), Hereby personally guarantee to you prompt & full payment of all obligations of the Debtor, and I Hereby agree to bind myself to pay you promptly on demand any sum which may become due to you whenever the Debtor shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnify for such indebtedness of the Debtor. I do hereby waive any notice of default, non-payment and notices thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. I further agree to pay all costs and reasonable attorney's fees incurred by obligee in collecting amounts hereby guaranteed whether from obligator or guarantor.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Authorized by Officer/Owner*

\_\_\_\_\_  
*Date*

**BANK WRITTEN AUTHORIZATION**

Please provide Get Fresh Produce, LLC. and/or Credit Consultants. Inc t/a PMS, information regarding my credit history with your bank. I hereby authorize the release of this information for Credit Purposes.

Corporate Name: \_\_\_\_\_

DBA \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Indiana Department of Revenue  
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

**Section 1 (Common)**

Name of Purchaser \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purchaser must provide minimum of one ID number below.\*

Provide your Indiana Registered Retail Merchant's Certificate  
TID and LOC Number as shown on your Certificate.....

TID# (10 digits) \_\_\_\_\_ LOC# (3 digits) \_\_\_\_\_

If not registered with the Indiana DOR, provide your State Tax  
ID Number from another State.....

\*See instructions on the reverse side if you do not have either number. State ID# \_\_\_\_\_ State of Issue \_\_\_\_\_

**Section 2**

Is this a  blanket purchase exemption request or a  single purchase exemption request? (check one)

Description of items to be purchased. Food, food ingredients, containers, wrapping and packaging materials/related

**Section 3**

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

Sales to a retailer, wholesaler, or manufacturer for resale only.

Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.

Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)

Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# \_\_\_\_\_

Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.

Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).

Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).

Sales to the United States Federal Government - show agency name. \_\_\_\_\_ Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.

Other - explain. \_\_\_\_\_

**Section 4**

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.  
Seller must keep this certificate on file to support exempt sales.

**Form ST-105**  
**General Information and Instructions**

All four (4) sections of the ST-105 must be completed or the exemption is not valid and the seller is responsible for the collection of the Indiana sales tax.

**Section 1 Instructions**

- A) **This section requires an identification number.** In most cases this number will be an Indiana Department of Revenue issued Taxpayer Identification Number (TID# - see note below) used for Indiana sales and/or withholding tax reporting. If the purchaser is from another state and does not possess an Indiana TID#, a resident state's business license, or State issued ID# must be provided.
- B) **Exceptions** - For a purchaser not possessing either an Indiana TID# or another State ID#, the following may be used in lieu of this requirement.
- Federal Government** – place your FID# in the State ID# space.  
**Farmer** – place your SS# or FID# in the State ID# space.  
**Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SS# or FID# in the State ID# space.  
**Nonprofit Organization** – must show its FID# in the State ID# space.

**Section 2 Instructions**

- A) Check a box to indicate if this is a single purchase or blanket exemption.  
B) Describe product being purchased.

**Section 3 Instructions**

- A) Purchaser must check the reason for exemption.  
B) Purchaser must be able to provide additional information if requested.

**Section 4 Instructions**

- A) Purchaser must sign and date the form.  
B) Printed name and title of signer must be shown.

**Note:** The Indiana Taxpayer Identification Number (TID#) is a ten (10) digit number followed by a three (3) digit LOC#. The TID# is also known as the following:

- a) Registered Retail Merchant Certificate
- b) Tax Exempt Identification Number
- c) Sales Tax Identification Number
- d) Withholding Tax Identification Number

The Registered Retail Merchant Certificate issued by the Indiana Department of Revenue shows the TID# (10 digits) and the LOC# (3 digits) at the top right of the certificate.

