

GREENWOOD ASSOCIATES, INC.

FRUIT JUICE CONCENTRATES, PUREES AND ESSENTIAL OILS

SINCE 1974

CREDIT APPLICATION

Company Name: _____

Parent Company (if applicable): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different than billing): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

In Business Since: _____ Type of Business: _____ FEIN #: _____

President: _____

CEO: _____

CFO: _____

Accounts Payable Contact: _____

A/P Phone: _____

Email Address for Invoices: _____

Credit Limit Requested: _____

TRADE REFERENCES

1. Company Name: _____

Phone: _____ Fax: _____ Contact: _____

2. Company Name: _____

Phone: _____ Fax: _____ Contact: _____

3. Company Name: _____

Phone: _____ Fax: _____ Contact: _____

*** If the company is a subsidiary, please provide credit information for Parent Company as well.**



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BANK REFERENCE

Bank Name: _____

Branch: _____

Account Number: _____

Account Manager/Contact: _____

Phone: _____ Fax: _____

Email: _____

I, _____ (*applicant*), authorize _____
(*Bank Name*) to release relevant information regarding our creditworthiness to
Greenwood Associates, Inc. This information may include recent approximate
average account balances, indebtedness, and checks returned for insufficient funds.

Prepared By: _____ Date: _____

Signature: _____