



6625 Caballero Road  
Buena Park, CA 90620-1158  
(714) 736-1800 (714) 736-1801  
www.legacyproduce.com

### BUSINESS INFORMATION

NAME: \_\_\_\_\_ EST. SINCE: \_\_\_\_\_  
NAME OF PARENT CO: \_\_\_\_\_  
BUYING NAME/DBA: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_  
MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### TYPE OF BUSINESS (CHECK ONE)

<input type="checkbox"/> BROKER	<input type="checkbox"/> WHOLESALE	<input type="checkbox"/> CORPORATION
<input type="checkbox"/> RETAIL	<input type="checkbox"/> FOOD SERVICE	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> OTHER	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> GENERAL OR LIMITED

### LIST OWNERS, PARTNERS OR CORPORATE OFFICERS

NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ SS# \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ SS# \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
OWN BUSINESS PROPERTY: \_\_\_\_ YES \_\_\_\_ NO  
IF YES VALUE \$ \_\_\_\_\_ IF NO RENT \$ \_\_\_\_\_  
LANDLORD NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

### PURCHASING

ARE PURCHASE ORDERS REQUIRED TO CHARGE YOUR ACCOUNT: \_\_\_\_ YES \_\_\_\_ NO  
LICENSED WITH PACA NO: \_\_\_\_\_  
DEPT OF FOOD & AGRICULTURE BUREAU OF MARKET ENFORCEMENT NO: \_\_\_\_\_  
FEDERAL TAX ID: \_\_\_\_\_

### TRADE REFERENCES

NAME: _____	TEL: _____	FAX: _____
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
CONTACT: _____		
NAME: _____	TEL: _____	FAX: _____
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
CONTACT: _____		
NAME: _____	TEL: _____	FAX: _____
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
CONTACT: _____		
NAME: _____	TEL: _____	FAX: _____
ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
CONTACT: _____		



6625 Caballero Road  
Buena Park, CA 90620-1158  
(714) 736-1800 (714) 736-1801  
www.legacyproduce.com

### BANK OF AFFILIATION

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CHECKING ACCT#: \_\_\_\_\_ SAVING ACCT#: \_\_\_\_\_  
CONTACT: \_\_\_\_\_

### FINANCIAL INFORMATION

AMOUNT OF WEEKLY CREDIT DESIRED: \$ \_\_\_\_\_

IN EXCESS OF \$10,000.00 PLEASE SUBMIT THE FOLLOWING:

- PROVIDE A COPY OF YOUR MOST RECENT FINANCIAL STATEMENTS

IN THE EVENT THAT CREDIT IS EXTENDED BY LEGACY FARMS, LLC, THE UNDERSIGNED CLIENT AGREES TO THE TERMS AND CONDITIONS AS FOLLOWS:

1. TO PAY ALL INVOICES NET 14 TO 21 DAYS
2. TO PAY ALL REASONABLE COLLECTION COSTS, ATTORNEY'S FEES, AND COURTS INCURRED IN ENFORCING COLLECTION ON THIS ACCOUNT.
3. IF THE ACCOUNT BECOMES DELINQUENT, THE CLIENTS CREDIT RATING MAY BE REASSESSED
4. WE ARE GIVEN PERMISSION TO OBTAIN ANY CREDIT REPORTS WE DEEM NECESSARY TO COMPLETE THE PROCESS OF THIS APPLICATION

THE PERSON SIGNING THE DOCUMENT DECLARES THAT THE INFORMATION SUPPLIED HEREIN IS ACCURATE, THAT SHE/HE IS AUTHORIZED TO SIGN THIS DOCUMENT ON BEHALF OF THE CLIENT, AND IF CREDIT IS GRANTED, AGREES TO THE TERMS DESCRIBED HEREIN.

ALL INDEBTEDNESS TO LEGACY FARMS, LLC IS DUE AND PAYABLE IN FULL AT IT'S OFFICES IN BUENA PARK, CALIFORNIA AND ALL CONTRACTS AND ORDERS ARE DEEMED TO BE MADE OR CONSUMATED AT SAID PLACE.

\_\_\_\_\_  
SIGNATURE (PRINCIPAL OR OFFICER ONLY)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME



6625 Caballero Road  
Buena Park, CA 90620-1158  
(714) 736-1800 (714) 736-1801  
www.legacyproduce.com

## PAYMENT TERMS

Dear \_\_\_\_\_

Pursuant to PACA regulations and statutory trust provisions, any payment terms varying those prescribed in the PACA regulations must be reflected by a written agreement.

In compliance with these regulations and provisions, this correspondence will confirm that payments terms for transactions entered into between Legacy Farms LLC and \_\_\_\_\_ from this date forward until we otherwise agree in writing shall be fourteen to twenty-one (14-21) days from the date of shipment of the produce. In the event it becomes necessary to commence legal action to collect the sums due under such transactions, the prevailing party will be entitled to recover reasonable attorney's fees and court costs incurred thereby.

Please indicate your agreement to these terms by signing below where indicated. After signing, please immediately fax a copy of your signature to us at 714-736-1802 and then return the original to us. In any event, you will be deemed to have accepted the terms and conditions of this letter upon your order of any produce from us.

Thank you for your immediate attention to this matter.

Sincerely,

**Agreed and Accepted By:**

\_\_\_\_\_  
LaDonna Shepherd, Credit Manager

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Representative

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

\_\_\_\_\_  
Date