



OASIS FOODS, INC

2222 KIRKMAN STREET
LAKE CHARLES, LA 70601
337.439.5262-T
337.437.1174-F
www.oasisfoodservice.com

APPLICATION FOR NEW CUSTOMER



OFS CREDIT APPLICATION

PURPOSE:

The purpose of this customer information packet is to provide Oasis Food Service of Louisiana with updated customer information needed for speedy recalls of product that may have become tainted or defective by the manufacturer. It also provides our customer service representative a comprehensive listing of people authorized to charge onto a customer's account. Finally, it will provide the OFS driver with available options should money not be available when he arrives at a customer location.

POLICY:

Oasis Food Service of Louisiana will allow customers in good standing a pre-approved line of credit. The credit term is net 7 days, unless otherwise authorized. Accounts with balances beyond the 7-day term may be subject to suspension of credit privileges. OFS credit department must be notified immediately if customer feels that an account payment may become delinquent.

CREDIT ACCOUNT APPLICATION

(Please Print)

Full Legal Business Name:

D/B/A:

Deliver Address:

City: State: Zip:

Billing Address:

City: State: Zip:

Tax ID Number:

Contact Person:

Home Address:

Phone: Cell: Fax:

Business E-Mail:

BUSINESS INFORMATION

How long in business at this address?

- Proprietorship Corporation
 General Partnership LLC
 Ltd. Partnership

If corporation: Date Incorporated: State of Incorporation

Complete the following information for individual proprietor or for all partners or corporate officers:

1
2
3

Name: Social Security #

Title: Driver's License #: St

Home Address:

E-Mail Cell Phone: Home
Phone.

Name: Social Security #

Title: Driver's License #: St

Home Address:

Phone: Cell Phone E-Mail

Name: Social Security #

Title: Driver's License #: St

Home Address:

Phone Cell Phone E-Mail

BANK REFERENCE:

Name: Checking Acct. #
Branch Address:
Officer's Name: Phone:

CREDIT REFERENCE:

Name: Phone:
Address:
City: State: Zip:
Fax Number:

Name: Phone:
Address:
City: State: Zip:
Fax Number:

Name: Phone:
Address:
City: State: Zip:
Fax Number:

1
2
3

Payment Agreement / Guarantee

IN CONSIDERATION OF ANY CREDIT EXTENDED TO:

“PURCHASER”

THE UNDERSIGNED PURCHASER AND GUARANTOR HEREBY AGREE AND GUARANTEE(S) TO FULL AND PROMPT PAYMENT AT MATURITY OF ALL INVOICES THAT THEY RECEIVE FOR MERCHANDISE FURNISHED. THE UNDERSIGNED PURCHASER AND GUARANTOR FURTHERMORE BIND(S) HIMSELF (THEMSELVES) IN SOLIDO AND AGREES TO PAY A 1 ½ PER MONTH (OR THE MAXIMUM ALLOWED BY LAW) SERVICE CHARGE SHOULD THE ACCOUNT BECOME DELINQUENT AND ALL COSTS AS WELL AS 33 1/3 ATTORNEY OR COLLECTION FEES SHOULD THE INDEBTEDNESS HAVE TO BE COLLECTED BY AN ATTORNEY OR OUTSIDE SOURCES. ALSO IN ACCORDANCE WITH THE CONSUMER CREDIT PROTECTION ACT, I/WE AND THE “PURCHASER” AUTHORIZE OASIS FOOD SERVICE, INC. TO SECURE CREDIT REPORTS TO BE USED IN DETERMINING THE ADVISABILITY OF EXTENDING COMMERCIAL OR BUSINESS CREDIT.

I UNDERSTAND THAT MY CREDIT TERMS ARE NET 7 DAYS PAYABLE BY INVOICE. I HAVE READ THE INFORMATION ABOVE AND AGREE TO THE TERMS HEREIN.

GARANTEER SIGNATURE

PRINT NAME

OFFICE USE ONLY

Application Date: _____ Credit Limit: _____

Payment Terms: _____ Approved By: _____

Reference Status

| | Acceptable | Not Acceptable |
|---|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> |