



Coosemans New York, Inc.
243 New York City Terminal Mkt.
Bronx, NY 10474
Tel: 718-328-3060
Fax: 718-842-6545
info@coosemansnewyork.com

Date: _____

Company Name: _____

ATT: _____

TEL #: _____

FAX #: _____

EMAIL: _____

Enclosed are our New Credit Application and Guarantee Agreement.

Please complete all forms and fax / email back to us @ 718-842-6545
If you have any questions feel free to call us @ 718-328-3060 ext. 128

We will need you to sign the Original Notarized Payment Guarantee.

A copy of the Driver's License and Market ID is required for our records.

We will review the application and inform you of our decision as soon as possible.

Thank you for your cooperation,

Sincerely Yours,
AR Department
Coosemans New York, Inc.

COOSEMANS NEW YORK

A MEMBER OF THE NEW YORK PRODUCE TRADE ASSOCIATION, INC.

243 NEW YORK CITY TERMINAL MKT.

BRONX, NEW YORK 10474

TELEPHONE: 718-328-3060

FAX: 718-842-6545

Request for Credit

1. Customer Information

Legal Business Name of Entity:		PACA Licence #:		
Doing Business As (DBA):		Existing Customer: YES NO		
Referred to Trade Association By:				
Billing Address:		City:	State:	Zip Code:
Phone Number:	Fax Number:	Federal Tax ID:	Cell Phone:	
Line of Business (retail, wholesale, etc.):		E-Mail Address:		
Sole Proprietor: Partnership: Corporation, State _____ Other:			Website:	
Type of Business:				

2. Information for Principal Owner/ Partner/ Sole Proprietor

First Name:	Middle Initial	Last Name:	Social Security #:	
Home Address:		City:	State:	Zip Code:
Home Phone Number:	Drivers Licence Number:		Date Of Birth (mm/dd/yyyy):	

3. Business Information

Years of Established Business:	Annual Sales:	Are Applicants Assets Pledged as Collateral for a Debt Yes No If Yes, to Whome:		
Credit Line Requested:				

4. Accounts Payable Contact

Name:	Phone Number:	Email Address:
-------	---------------	----------------

5. Bank References

Bank Name:	Account Number:
Address\City\State\Zip	

6. Trade / Credit References

Company/Person Name:		Company/Person Name:	
Contact	Phone Number:	Contact:	Phone Number:
Address\City\State\Zip	Fax Number:	Address\City\State\Zip	Fax Number:

7. Previous Business Ownership History

Has any owner or principal ever filed for personal bankruptcy protection? yes no
Has any owner or principal ever owned or been a principal of any business that has filed for bankruptcy protection? yes no
Is any Owner or Principal an owner or principal of any other produce or produce related business? yes no
Has any owner or principal ever owned or been a principal of any other produce or produce related business? yes no

If you have answered yes to any of the above questions please explain below:

COOSEMANS NEW YORK
Payment Agreement and Request for Credit

8. Credit Check Authorization

The undersigned is executing this Authorization for Credit Report individually for the purpose of authorizing COOSEMANS NEW YORK INC. and the New York Produce Trade Association, Inc. to obtain a consumer and/or commercial credit report from time to time on the undersigned and Customer through credit and reporting agencies, banking or credit institutions or other sources in order to further evaluate the credit worthiness of such individual or his affiliated business entity in connection with the credit evaluation process and the extension of business credit to Customer. The undersigned, as an individual, hereby knowingly consents to the use of such credit report in connection with the fair credit reporting act as contained in 15 U.S.C & 1681, et seq., as amended from time to time.

Signature of Principle Owner or Officer	Print Name:	Date:
---	-------------	-------

9. Personal Guarantee

I, THE UNDERSIGNED, PERSONALLY AND UNCONDITIONALLY GUARANTEE THE PAYMENT OF ALL OBLIGATIONS NOW EXISTING OR HEREAFTER ARISING BY __ (HEREINAFTER CALLED "CUSTOMER ") FOR MERCHANDISE PURCHASED BY ME AND/OR ANYONE REPRESENTING MY FIRM. IF CUSTOMER DEFAULTS UNDER IT'S TERMS WITH US, THEN UPON DEMAND YOU WILL IMMEDIATELY PERFORM ALL OBLIGATIONS OF CUSTOMER , INCLUDING WITHOUT LIMITATION PAYING ALL AMOUNTS DUE US. THIS IS AN ABSOLUTE AND CONTINUING GUARANTEE WHICH WILL NOT BE DISCHARGED OR AFFECTED BY ANY DEFENSE OR COUNTER CLAIM OR YOUR DEATH AND WILL BIND YOUR HEIRS AND PERSONAL REPRESENTATIVES. IF PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION, I AGREE TO PAY ALL ATTORNEYS FEES AND ANY ADDITIONAL COSTS, INCLUDING COURT COSTS INCURRED TO ENFORCE COLLECTION. THIS PERSONAL GUARANTEE IS GOVERNED BY LAWS OF NEW YORK. YOU CONSENT TO THE JURISDICTION OF ANY LOCAL, STATE OR FEDERAL COURT. YOU WAIVE YOUR RIGHTS TO A JURY TRIAL.

Signature of Principle Owner or Officer	Print Name:	Date:
---	-------------	-------

10. Agreement and Signature

By signing below, I, on behalf of myself and as an authorized representative of Customer represent to Coosemans Worldwide, Inc. that I am an authorized representative of Customer and have full authority to sign this Application on behalf of Customer and to the best of my Customer's Knowledge all of the information contained in this application is true and correct. By signing below Customer agrees with the terms and conditions stated herein and all procedures and policies of Coosemans Worldwide, Inc. It's Subsidiaries, Affiliates and Divisions Collectively and Individually. Customer agrees to pay all amounts due Coosemans Worldwide, Inc. and/or its members for products and services provided by Coosemans Worldwide, Inc and /or its members. Any actions to collect any unpaid balance, Customer agrees to pay the actual attorney fees, costs and expenses incurred, plus interest at the lesser of 18% per annum and the highest rate authorized by law. I understand that this agreement does not remove, diminish, detract, impair or otherwise compromise any protections afforded Coosemans Worldwide, inc. and it's members under the Perishable Agricultural Commodities Act or any other relevant legislation. Notwithstanding any terms or conditions contained herein, customer further agrees to comply with the sales terms of the individual member company/companies from wich customer has purchased any goods or services. I hereby authorize the bank named herein to release information requested for the purpose of determining the recommendation for the granting of credit to the undersigned.

Signature of Principle Owner or Officer	Print Name:	Date:
---	-------------	-------



*Coosemans New York, Inc.
243 New York City Terminal Mkt.
Bronx, NY 10474
Tel: 718-328-3060
Fax: 718-842-6545
info@coosemansnewyork.com*

10/14/19

NEW BOUNCED CHECK POLICY NOTICE

Coosemans New York, Inc. is changing their policy regarding customer bounced checks. The following charges will be applied to customer accounts if any check bounces. Please contact Account Receivable for any questions regarding this new policy.

Check Amount	New Added Charge
\$1,000 or Less	\$30
\$1,000.01 to \$2,500	\$40
\$2,500.01 to \$5,000	\$50
\$5,000.01 to \$7,500	\$60
\$7500.01 to \$10,000	\$75
\$10,000.01 to \$12,500	\$100
\$12,500.01 to \$15,000	\$125
\$15,000.01 to \$17,500	\$150
\$17,500.01 to \$20,000	\$175
\$20,000.01 to \$22,500	\$200
\$22,500.01 to \$25,000	\$225
\$25,000.01 to \$30,000	\$250
\$30,000.01 and up	\$300