

LIMEHOUSE PRODUCE CO, INC.
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 www.limehouseproduce.com



4791 TRADE STREET
 STE. 1
 NORTH CHARLESTON, SC 29418-2824

CUSTOMER CREDIT APPLICATION

CORPORATE NAME:		(DBA) TRADE NAME:	
SHIPPING ADDRESS:			
CITY:		STATE:	ZIP:
BILLING ADDRESS:			
CITY:		STATE:	ZIP:
ACCOUNTS PAYABLE CONTACT:		I WOULD PREFER TO RECEIVE MY STATEMENT ONLINE VIA E-MAIL: YES <input type="checkbox"/> NO <input type="checkbox"/>	
A/P PHONE:	A/P FAX:		A/P EMAIL:
OFFICERS OF CORPORATION OR OWNER(S) OF BUSINESS			
NAME:		TITLE:	
HOME ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:		CELL PHONE:	EMAIL:
NAME:		TITLE:	
HOME ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:		CELL PHONE:	EMAIL:
DATE BUSINESS STARTED:		HOW LONG AT CURRENT LOCATION:	
BUILDING INFORMATION:	OWNED <input type="checkbox"/> LEASED <input type="checkbox"/>	IF LEASED, BY WHOM:	
TERMS REQUESTED: COD <input type="checkbox"/> NET 7 <input type="checkbox"/> NET 14 <input type="checkbox"/> NET 21 <input type="checkbox"/> NET 30 <input type="checkbox"/>		ANTICIPATED WEEKLY PURCHASES: \$	
BANK REFERENCE			
BANK NAME:		BRANCH:	ACCOUNT #:
BANK ADDRESS:			
CITY:		STATE:	ZIP:
CONTACT:		PHONE:	
TRADE REFERENCES: PLEASE LIST YOUR PRIMARY SUPPLIER'S FOR GROCERY, MEAT, AND SEAFOOD.			
NAME:		PHONE:	ACCT CONTACT:
NAME:		PHONE:	ACCT CONTACT:
NAME:		PHONE:	ACCT CONTACT:

TERMS AND CONDITIONS

If credit is granted, I agree that I will immediately notify you of any changes in our business structure from that shown above. I understand that all invoices will be paid by due date or pay a finance charge indicated either on the invoice or our statement. In consideration of benefits accruing to me I guarantee payment of all correct charges to the business and if for any reason the account is not paid when due I will, if collection is required, pay a reasonable attorney fee or if this account is placed in hands of a collection agency, I (we) will acknowledge that you will be damaged thereby to the extent of the collection charge against you and I (we) therefore agree to pay to you, as liquidated damages, an amount equal to amount charged you on said collection by said collection agent, not exceeding , however, fifty percent of the amount unpaid thereon.

Applicant, whose signature appears hereafter, warrants that all of the above information is true and correct and that the same is given for the purpose of establishing credit and that the seller herein if granting credit is relying completely on such information. We understand these terms and agree to meet them if credit is extended.

PRINT NAME: _____

TITLE: _____

APPLICANTS _____

SIGNATURE: _____

DATE: _____

AUTHORIZATION FOR CREDIT REPORT

The undersigned authorizes Limehouse Produce CO, INC. to investigate all credit history, bank references and any other information deemed necessary to extend credit. The undersigned hereby knowingly consents to the use of such credit information in accordance with the federal fair credit-reporting act as contained in 15 U.S.C 1681, ET Seq., as amended from time to time.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

PERSONAL GUARANTEE

To induce you to sell merchandise and extend credit upon an open account to the applicant named on the reverse side hereof. I hereby personally and unconditionally guarantee the payment of any indebtedness which may from the date forward or at any time from time to time thereafter be owed you by the said applicant.

I understand that in consideration for and in reliance on this personal guarantee, you will sell merchandise and extend credit upon an open account to the applicant.

I further understand that in the absence of this personal guarantee you would not extend credit upon an open account to applicant but would insist upon payment upon delivery of any merchandise.

In return for the above stated consideration I acknowledge that this personal guarantee of credit is binding upon me as an individual and I do sign this personal guarantee of credit as an individual and not in any representative capacity.

All prior notice of default and demand for payment are hereby waived.

This guarantee shall continue in full force and effect until such time as I give you written notice of revocation by registered mail. Such notice of revocation shall be ineffective as to any existing indebtedness or as to any transaction or commitment previously undertaken by you in reliance upon this guarantee.

This document constitutes the entire agreement between the undersigned and the creditor and I acknowledge that no person has made any representations or promises to me in conflict with the above provisions.

DATE:: _____

SIGNATURE: _____

WITNESS: _____

PRINT NAME: _____

HOME ADDRESS: _____

OFFICE USE ONLY

SALESMAN: _____

APPROVED BY: _____

TERMS EXTENDED: _____

DISAPPROVED BY: _____

CREDIT LIMIT: _____

DATE: _____



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
RESALE CERTIFICATE

To be completed by purchaser and retained by seller.
Please do not send the certificate to SC Department of Revenue.
See instructions on back.

Notice To Seller:

It is presumed that all sales are subject to the tax until the contrary is established. The burden of proof is on the seller that the sale of tangible personal property is not a retail sale. However, if the seller receives a resale certificate signed by the purchaser stating that the property is purchased for resale, the liability for the sales tax shifts from the seller to the purchaser.

This certificate is intended for use by licensed retail merchants purchasing tangible personal property for resale, lease or rental purposes. **To be valid, the following conditions must be met:**

1. The resale certificate presented to the seller by the purchaser contains all the information required by the Department and has been fully and properly completed.
2. The seller did not fraudulently fail to collect or remit the tax, or both.
3. The seller did not solicit a purchaser to participate in an unlawful claim that a sale was for resale.

Seller must maintain a copy of this certificate to substantiate the exemption in the event of an audit. If this certificate does not meet the above requirements, it is not valid and the seller remains liable for the tax.

Seller Identification:

(Seller's Name)

(Street Address)

(City)

(State)

(Zip Code)

Purchaser's Identification and Acknowledgement:

Kind of Business Engaged in by Purchaser _____
Items Sold, Leased or Rented to Others by Purchaser _____

(Purchaser's Business or Firm Name)

(Street Address)

(City)

(State)

(Zip Code)

(South Carolina Retail License Number, if not S.C. indicate a valid retail license number and state)

As purchaser, I certify that I am engaged in the business of selling, leasing or renting tangible personal property of the kind and type sold by your firm. I also certify that if the tangible personal property is withdrawn, used or consumed by the business or person withdrawing it (even if later resold), I will report the transaction to the SC Department of Revenue as a withdrawal from stock and pay the tax thereon based upon the reasonable and fair market value, but not less than the original purchase price (See Regulation 117-309.17). This certificate shall remain in effect unless revoked or cancelled in writing. Furthermore, I understand that by extending this certificate that I am assuming liability for the sales or use tax on transactions between me and your firm. (For additional information, See "Withdrawals From Stock, Merchant" section on reverse side).

(Print Name of Owner, Partner or Corp Officer)

(Signature of Owner, Partner, Member or Corp Officer)

(Date Certificate Completed)

(Title)