

Please email packet back
To territory manager



PO Box 5756
Fort Oglethorpe, 30742
706-866-5955 www.tandproduce.com

New Account Form

Date: _____

Ship to information:

Business Name: _____
Address: _____
Contact Name: _____
Phone: _____ Email: _____

Bill To Information: (if same, write "same")

Business Name: _____
Address: _____
Contact Name: _____
Phone: _____ Email: _____

Estimated Weekly Amount of Usage: _____

Payment: (check which applies)

• Cash On Delivery (COD): • Credit (Check): • Credit Card:

(If Credit, please fill out "Terms" and "Credit Application" pages)

Requested Delivery Times: (Please allow a 2 hour window).

	SUN	MON	TUES	WED	THURS	FRI	SAT
Earliest							
Latest							

Special Delivery Notes:

Internal Use Only Ps _____ Approval Routing Sales _____ T or T _____ Accounting _____ IS _____ Code _____ Order Amount: _____ Terms: _____ Salesperson CR: Sales: _____ House: _____
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Terms

Requested Credit Terms

Net 7:

Net 14:

Statements will be mailed every 30 days. Please fill out how you would like to receive yours. Email, mail, and/or fax:

Please provide 3 Major Trade Suppliers that you do business with for credit references.

1. Business Name: _____

Contact Name: _____

Phone: _____

2. Business Name: _____

Contact Name: _____

Phone: _____

3. Business Name: _____

Contact Name: _____

Phone: _____

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Credit Application

Billing Address:

Personal Address:

Company Name:	Name:
Contact:	
Street Address	Street Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email	Email:

General Information

Principal/ Owner	Social Security No.	Email	Phone No. & Extension
Company Composition <small>Individual Partnership, LLC, Corporation, Sub-Chapter S Corporation</small>			Corporation State of:
Dun & Bradstreet (D&B) No.	At Present Location Since (Date):	Are Premises Leased Yes No	Amount of Credit Desired

Ordering Information

Are Written Purchase Orders Required?	Is Merchandise for Resale? Yes No	Resale No (if for resale, please provide copy of certificate)	
Purchasing Agent	Fax	Email	Phone No. & Extension
Account Payable Contact	Fax	Email	Phone No. & Extension

Bank Information

Bank Name	Branch Name	Bank Contact Officer		Phone No. & Extension
Bank Address	City	State	Zip	Type of Account and Account No.

Terms and Conditions

In consideration of extending credit to the above named entity, I personally guarantee absolutely and unconditionally the full and prompt payment of any and all sums owed to T&T Produce, Inc. by the above named entity and to further indemnify T&T Produce, Inc. against any and all claims, losses, or damages it may incur by reason of the failure of the above named entity to perform its obligations to T&T Produce, Inc. Should this account be turned over to an attorney for collection, the undersigned agrees to pay reasonable attorneys' fees. The undersigned guarantees the full amount owing to T&T Produce, Inc. and nothing in this form should be construed as limiting in any way the amount personally guaranteed by the undersigned. T & T Produce, Inc. will keep confidential and not disclose to any third-party any information obtained in connection with this Credit Application Form, including, without limitation, any credit and financial information obtained in connection herewith.

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Acceptance and Approval

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize T&T Produce to make any and all inquires necessary to process this Credit Application.

Name of Authorized Representative	Title	
Agreed and Accepted, Signed	Phone No. & Extension	Date

REQUIRED:

Please attach a signed copy of your tax exempt certificate, if you wish to be tax exempt.

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Credit Card Authorization Form

How often would you like your credit card to be charged? 7 days 14 days

Date: _____

Business: _____

Credit Card Number: _____

Card Type: Mastercard Visa

Exp. Date: _____ Security Code: _____

Card Holder Name: _____

Card Billing Address: _____

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Signature: _____

Send copy of credit card transaction receipt via email? YES/NO

Email to: _____

Authorized Users: _____

**It is the responsibility of the customer to maintain this list with T&T Produce Company. T&T Produce relinquishes all liability when an authorized user places an order.

Set Up Online Ordering

Account name: _____

Main Contact: _____

Phone Number: _____

Username** : _____

Password** : _____

Email Address: _____

Additional Email Address: _____

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(**) Denotes information that you create. Your username and password can be any combination of letters and numbers. It needs to be at least 4 characters long. Keep in mind that if multiple people handle placing orders, they will need to have access to the username and password and possibly the email accounts listed. The email provided will also be sent any changes to your order placed. The email address given is sent a confirmation of all orders placed. You may also supply multiple email addresses.

Please note that any changes made to the account takes 24 hours to take effect on the website. If you have any questions or problems, you may contact Madison Myers (madison.myers@tandtproduce.com).

Credit Policy:

In order to receive credit the customer must call into the office and request a pick up within 48 hrs of receiving product. The driver will then do the pickup and return to warehouse for inspection by the warehouse supervisor and buyer. They will determine credit or no and an invoice will be sent with their next delivery if the credit is issued. If you return product same day, you may deduct from invoice. Have the driver call into the office to get a new total before he leaves your store.

Special Order Items Policy

T&T Produce provides an enormous array of specialty items throughout the year. Please note that items ordered or requested will generate an order and automatically ship immediately upon receipt.

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Ordering Policy

Take advantage of ordering through our app or website to eliminate mistakes and save time! Orders must be submitted by 9 pm eastern each night.

Customer Initials: _____