



503-236-2114

RETAIL • WHOLESALE

PRODUCT • MEAT • GROCERY

CATERING • DELI

WWW.SHERIDANFRUIT.COM

409 SE MARTIN LUTHER KING JR BLVD

PORTLAND OR 97214

PHONE: 503-236-2113 FAX: 503-235-4105

Welcome to Sheridan Fruit Company

Sheridan Fruit Company would like to thank you for choosing us as your wholesale produce, grocery, meat and deli provider. We strive to always have the highest quality products and service available to our customers. The following information is provided to make your ordering experience easier.

Sheridan Fruit Company main phone line 503-236-2113
Wholesale Order Fax Line 503-235-9789
Automated Order Line 971-200-8106
Accounting Office Fax Line 503-235-4105

(Please do not use this fax line for placing orders)

Order line email orders@sheridanfruit.com

When placing your order for next day delivery:

- *Please order early for next day delivery
- *Order by phone, order line, fax or email
- *Please speak slowly and clear and be specific on type, color and size of product
- *Will call orders are always welcome

Sheridan Fruit Return Policy:

In accordance with the Health Department, AIV and all returns need to be made within 24 hours of delivery. Please have items ready for driver to pick up, the reason for return and invoice number so that credit may be given.

Items may be subject to a restocking fee.

All new accounts are COD for 90 days. Accounts will be approved for credit when credit application are filled out

completely and have a personal guarantee or credit card. Sheridan Fruit Company has terms of no longer than 14 days if you are approved after the 90 days. Credit cards are welcome. Please refer to invoice number and amounts when making payment for proper processing.

If you have any questions or need to order specialty items, please contact us to assist you.
Sean O'Leary – Sales Manager (503) 939-8876 Jose Lucio – Wholesale Buyer (503) 236-2113
Tom Barwick – Vice Pres. & Gen. Mgr. (503) 236-2113

SHERIDAN FRUIT CO., INC.
408 SE THIRD AVENUE
PORTLAND OR 97214-1095
TELEPHONE 503-236-2113
ACCOUNTING FAX 503-235-4105

CREDIT APPLICATION

All accounts must have a signed personal guarantee if you want terms with or without a credit card. Accounts without a signed personal guarantee will remain COD.

"C.O.D." Until credit application is approved.
\$100.00 minimum order for delivery
24 hour return policy

Date: _____

COMPANY NAME: _____

DATE ESTABLISHED: _____

DELIVERY ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS: _____

STREET ADDRESS OR P.O. BOX

CITY

STATE

ZIP CODE

TELEPHONE: () ()

FAX: () ()

EMAIL ADDRESS _____

ACCOUNTS PAYABLE CONTACT: _____

TYPE OF OWNERSHIP:

Corporation (Inc. state of)

Partnership

Individual Business

Limited Partnership

FEDERAL TAX ID NUMBER: _____

I. PRINCIPAL OWNERS OR OFFICERS:

INDIVIDUAL #1

INDIVIDUAL #2

Name/Title

Name/Title

Address

Address

City/State

City/State

Zip Code

Zip Code

Telephone

Telephone

Social Security #

Social Security #

II. FINANCIAL REFERENCES

REFERENCE #1	Bank Name _____
Type of Account _____	Account Number _____
Address _____	City/State/Zip _____
Telephone number _____	Telephone number _____

REFERENCE #2

Bank Name _____
Type of Account _____
Account Number _____
Address _____
City/State/Zip _____
Telephone number _____

III. TRADE REFERENCES: Please give a minimum of four

Name _____	Address _____	City/State/Zip _____	Telephone number () _____	Fax number () _____
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Name _____	Address _____	City/State/Zip _____	Telephone number () _____	Fax number () _____
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IV. BANKRUPTCY

Have you or any Partner, Officer, or Principal Owner ever declared bankruptcy? Yes If yes, Who _____

When _____

City and State of Bankruptcy _____

No _____

V. PERMISSION TO OBTAIN CREDIT INFORMATION & PERSONAL

GUARANTEE. The following Personal Guarantee is required

You must fill in the guarantee even if you are a COD customer, and if you want to use a credit card, please fill out the bottom of the 3rd page. Thank you!

I/We have carefully reviewed the information in this application and in any accompanying statements provided by Me/Us. I/We certify that this information is true and correct and complete to the best of my knowledge. You and all banks and references listed are hereby authorized to exchange any information necessary to complete investigation of this application.

I/We _____ for and in consideration of Sheridan Fruit Co., Inc. (the "Company") extending credit to the corporation named in this application (the "Debtor"), hereby personally guarantee to the Company on any sum which may become due the Company the Debtor whenever the Debtor shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Debtor. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signed at _____ on this the _____ day

Of _____ Month _____ Year

Personal Signature _____

Address _____

VI. Your credit card will be charged if you are delinquent on terms.

Visa, Mastercard, American Express and Discover Cards are taken for payment.

Please check _____ if you would prefer to pay with credit card daily, then after the 90 day C.O.D. waiting period you may pay weekly.

Type of Card _____

Credit Card Number _____ Expiration Date _____ Security Code _____

Name on the card _____

Billing address for the card _____

City _____ State _____ Zip Code _____

The billing address for the credit card must be filled out.