



409 SE Martin Luther King Jr. Blvd.  
Portland, Oregon 97214  
503-236-2113  
orders@sheridanfruit.com

## **Sheridan Fruit Company Wholesale Credit Application**

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.

All NEW accounts are COD for the first 90 days.

Accounts will be approved for credit when the credit application has been completely filled out and processed. Please sign the personal guarantee or include a credit card to charge in the event payment is not received.

Sheridan will extend terms to 7 days after 90 days of established good credit on the account. We are happy to charge a credit card daily from the beginning and weekly after the initial 90 days if you wish.

Sheridan accepts payment by cash, check, credit card or ACH. If you choose to use ACH an email is required to be sent to [accounting@sheridanfruit.com](mailto:accounting@sheridanfruit.com) with the details of what invoices are paid to accurately credit your account.

If a credit card is declined or a bad check is received your account may be placed on an automatic hold status until the payment matter is resolved.

The office hours for accounting are Monday through Friday from 10 am to 3 pm.  
Please allow up to 72 hours for new applications to be processed.

**Thank you for choosing Sheridan Fruit Company!**



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Portland, Oregon 97214

**Wholesale Contacts and General Information**

Sheridan Fruit Company main phone line ..... 503-236-2113  
Automated Order Line ..... 971-200-8106  
Email Order Line..... [orders@sheridanfruit.com](mailto:orders@sheridanfruit.com)

**Wholesale Operating Hours**

Monday thru Friday	4:30 am to 4:00 pm	Delivery no later than 1pm
Saturday	4:30 am to 3:00 pm	Delivery no later than 1pm
Sunday	4:30 am to 3:00 pm	Limited Delivery

Will-call orders can be picked up during Wholesale’s operating hours

**Wholesale Ordering**

- Orders can be placed by phone, order line voicemail, or email.
- For next-day delivery please place your order no later than 10pm.
- Please speak slowly and clearly and include details like type, color, and size of products.
- Will-call orders are always welcome during Wholesale’s operating hours.

**Sheridan Fruit Company Return Policy**

In accordance with the Health Department and due to current elevated health concerns, we have updated our return policy to the following:

- Returns must be made at time of delivery.
- We can only accept returns due to quality or errors on our part.
- We cannot accept returns due to over-ordering, changed mind, or ordering errors.
- Cancelled orders may be subject to a restocking fee.

Please have any return items ready for our driver to pick up, the reason for the return, and the invoice number so that a credit memo may be written.

**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 \_\_\_\_\_

**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 ( )** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone number ( )** \_\_\_\_\_

**Fax number ( )** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone number ( )** \_\_\_\_\_

**Fax number ( )** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone number ( )** \_\_\_\_\_

**Fax number ( )** \_\_\_\_\_

**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 3<sup>rd</sup> 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 indemnify 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 \_\_\_\_\_

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**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.***