

ALOHA PRODUCE, INC.

DATE: _____

CUSTOMER NAME: _____

MAILING ADDRESS: _____

CITY / STATE: _____

DELIVERY ADDRESS: (if different) _____

CITY / STATE: _____

MULTIPLE DELIVERY LOCATIONS: NO ___ YES ___ If YES, include addresses

CORPORATE NAME: _____

MAILING ADDRESS: _____

CITY / STATE: _____

CORPORATE PHONE: _____ CONTACT: _____

PHONE: _____ SALES CONTACT: _____

OFFICE PHONE: _____ OFFICE CONTACT: _____

FAX: _____ A/P CONTACT: _____

OWNER NAME: _____

OWNER ADDRESS: _____

TAX ID# OR SS#: _____

STATEMENTS TO: CORPORATE ADDRESS ___ or PHYSICAL LOCATION ___

CREDIT APPLICATION SUBMITTED? YES ___ NO ___ CREDIT LIMIT: \$ _____

NOTE: All orders will be COD until signed credit application is received and approved.

TERMS: COD ___ 7 DAYS ___ 14 DAYS ___

PRICING LEVEL: _____% ATTACH TO PRICE LIST (if applicable): _____

DELIVERY DAYS: _____ TIMES: _____

CALL DAYS: _____ TIMES: _____

NOTES / INSTRUCTIONS: _____

SALESPERSON: _____

APPROVED BY: _____

