

Flavor Smart Beverage Group/RIFS

Credit Application for Account Terms

333 Waterman Ave
Smithfield RI, 02917
Phone: (401) 231-0040
Fax: (401) 231-9777
Email: Office-RI@Flavorsmart.com



Account # (Office Use)

Legal Name:
D.B.A Name:
Federal Tax ID:

Are You Applying for Credit?

No, C.O.D Orders Only

No, Automatic Payments Authorized with provided credit card (Net 5 C.C.)

Yes, 3 Trade References provided below (Net 30 Terms) - If no credit references are provided (Net 15) terms will be granted after first (3) three C.O.D orders

THE FIRST 3 ORDERS ARE ALWAYS C.O.D- NO EXCEPTIONS

Trade Reference 1:	Account #:
Email/Fax:	Contact:
Trade Reference 2:	Account #:
Email/Fax:	Contact:
Trade Reference 3:	Account #:
Email/Fax:	Contact:

I hereby give Flavor Smart Beverage Group/RIFS authorization to acquire credit information about the above-named company. Applicant's signature below also attests financial responsibility and willingness to pay Flavor Smart Beverage Group/RIFS all invoices per credit terms including any reasonable attorney, court and/or collection fees occurred to collect on this account.

Owner/Officer Signature

Title

Date

Printed Name