

# Rhode Island Fruit and Syrup

## Customer Application

250 Putnam Pike  
Smithfield RI 02917  
Phone: (401) 231-0040  
Fax: (401) 231-9777  
Email: [Office@RIFruitandSyrup.com](mailto:Office@RIFruitandSyrup.com)



Account # (Office Use)

Legal Name:
DBA Name:
Federal Tax ID:
Retail Sales Permit ID:

Type of Business:

- Corporation  Individual  
 Partnership  Other

Business Property:

- Owned  Leased

Delivery Address:
City/State/Zip:
Business #:
Business Hrs:
Business Email:
Receiving Contact:

Landlord Name:
Phone Number:
Street Address:
City/State/Zip:

Billing Address:
City/State/Zip:
A/P Contact:
A/P Phone/Fax #:
A/P Email Address:

Business Owner Name:
Home Address:
City/State/Zip:
Phone/Email Address:

I/we hereby unconditionally guaranty the full performance of all obligations of the customer to Rhode Island Fruit & Syrup including, without limitation, payment by the customer of all charges due by the customer on any open account together with all late and/or finance charges, costs of collection and reasonable attorney fees and costs, whether or not litigation is commenced. In the event that a suit for collections is instituted to collect this account, the undersigned waive(s) notice and hearing on any application for prejudgment remedy, demand, presentment, and notice of demand as well as all suretyship defenses.

Signed

Date

Printed Name