

Flavor Smart Beverage Group/RIFS

Customer Application

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



Account # (Office Use)

Legal Name:	Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other
DBA Name:	
Federal Tax ID:	Do you currently have any other locations doing business with FSBG/RIFS? <input type="checkbox"/> Yes, please list names of accounts: <input type="checkbox"/> No
Retail Sales Permit ID:	
Delivery Address:	<input type="checkbox"/> No
City/State/Zip:	Business Property: <input type="checkbox"/> Owned <input type="checkbox"/> Leased
Business #:	Landlord Name:
Business Hrs:	Phone Number:
Business Email:	Street Address:
Receiving Contact:	City/State/Zip:

Billing Address:	Business Owner Name:
City/State/Zip:	Home Address:
A/P Contact:	City/State/Zip:
A/P Phone/Fax #:	Phone/Email Address:
A/P Email Address:	

I/we hereby unconditionally guaranty the full performance of all obligations of the customer to Flavor Smart Beverage Group/RIFS 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