Graceland Fruit
EXCEPTIONAL INGREDIENTS

1123 Main Street
Frankfort, MI 49635
(231) 352-7181

Thank you for choosing Graceland Fruit, Inc. We look forward to working with you!
To get started, please fill in the customer account set-up form below and the credit application form on page 3. When completed, please submit them to **orders@gracelandfruit.com**.
If you have any questions, please do not hesitate to contact us.

Customer Account Set-Up

☐ New Customer ☐ Change Existing Customer

Credit Limit Requested: _____ Duns # : _____

COMPANY INFORMATION

Full Legal Name of Company _____

Trade Name or DBA (if applicable) _____

Type of Business: _____

Mailing Address

Street Address: _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip: _____

Physical Address (if different)

Street Address: _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip: _____

Contact information

Name: _____ Telephone: _____

Email: _____ Website: _____

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PURCHASING INFORMATION

Shipping Address

Ship to Company Name: _____

Street Address: _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip: _____

Receiving Telephone: _____

Orders/Purchasing Contact

Name: _____ Telephone: _____

Email: _____

Additional Orders/Purchasing Contact

Name: _____ Telephone: _____

Email: _____

ACCOUNTS PAYABLE INFORMATION

Billing Address

Street Address: _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip: _____

Accounts Payable Contact

Name: _____ Telephone: _____

Email: _____ Invoice Email: _____

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Credit Application

Please provide the following credit references to support your desired credit limit:

- Three (3) Trade References (from the USA, Canada, EU, Australia, or Japan)
- One (1) Bank Reference

REFERENCES

Trade Reference #1

Company Name: _____ Contact: _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip: _____

Telephone: _____ Email: _____

Date of Last Purchase: _____

Trade Reference #2

Company Name: _____ Contact: _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip: _____

Telephone: _____ Email: _____

Date of Last Purchase: _____

Trade Reference #3

Company Name: _____ Contact: _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip: _____

Telephone: _____ Email: _____

Date of Last Purchase: _____

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Bank Reference

Bank Name: _____ Bank Officer: _____

Branch Name: _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip: _____

Telephone: _____ Email: _____

Your Account Number: _____

Customs Required Documentation (Please check all that apply)

- ☐ USDA Certificate ($100 Fee added to invoice)
- ☐ Certificate of Free Sale ($65 Fee added to invoice)
- ☐ Commercial Invoice
- ☐ Certificate of Analysis (COA)
- ☐ Certificate of Origin (COO)
- ☐ Other (Please specify): _____
- ☐ Other (Please specify): _____

As a holder of the above-referenced credit account with your firm, I hereby authorize and request that the attached credit reference detail our credit history with your firm be completed and forwarded to Graceland Fruit, Inc.

Signature of Customer's Authorized Representative: _____

Printed Name: _____

Title: _____ Date: _____

Return this form to Graceland Fruit, Inc.

Email:
orders@gracelandfruit.com

Mail:
1123 Main Street
Frankfort, MI 49635