	Blue Book Se	ervices					
ALON. SERVICE, TROP							
			845 E. Geneva Rd. Carol Stream, IL U.S.A. 60188-3520				
Your company listing will appear i			Phone 630-668-3500 Fax 630-668-0303				
	This form prepared by:	Date:	E-mail: info@bluebookservices.com Web site: www.producebluebook.com				
Company Name							
	City		Zip Code + 4				
	ONY						
	County		Zip Code + 4				
		FAX					
	your financial institution(s)						
	PACA #	DR0	C #				
	OFFICERS (please provide background information						
Name & Title			ears at Company % of Ownership				
Name & The							
	ISINESS (Indicate % of time operate as:)						
% Gro	ower % Importer pper % Exporter	% Repacker % Fresh Cut Processor	% Cold Storage				
% Shij	cker % Exporter cker % Selling Broker	% Presh Cut Processor	% Loading Point % Produce Warehouse				
% Rec		% Retail	% Storage				
% Job	bber % Distributor	% Wholesale Grocer	% Load Consolidator				
% Foo	odservice % Comm. Merchant	% Food Hub	% Precooler				
Commodities Ha	andled (in order of volume)						
Annual trucklot vo	olume (<i>Trucklot</i> = 44,000 Lbs.) L	_oad/Unload hours/days:					
If Buyer, do you		If Seller, do you					
	If yes, what %		If yes, what %				
Buy via brokers/c		Sell via brokers/distributors?					
Buy via local who		Sell locally?	%				
Buy via domestic		Sell to domestic buyers?	%				
Buy via internatio		Sell to international importers					
	s/regions?	Buy from other shippers or g Grow your own product?	rowers?%				
	ry/regions?%		/o				
	distressed produce on behalf						
of others?							
# Marabauaaa	og #						
	sq. ft	Shipping season Brand names					
Own of Lease							
Type Of Entity	(Check appropriate box)	If in U.S., which State?					
		(Attach copy of Corporate Ch					
General I	Partnership	If in Canada, Federal Corpo					
Limited P	Partnership Co-op.	Or which Province? Any affiliated business relat					
	iability Company Other (specify) Stablished	(If yes, please use back of th					
	d (<i>If applicable</i>)		manent seasonal				
int and persite.							

Background of Officers / Principals (Chronologically list the previous 3 employers for each person)

Name	Company Name	City/State	Title/Role	Previous Employment Dates

Were any of the above formerly financially interested in, or manager of, any business which became bankrupt or otherwise failed to pay indebtedness in full?______ If yes, please give details on separate sheet.

Enhance your Blue Book Listing with Descriptive Listing Facts

Provide key business/marketing information including: key personnel, special products/services offered at your company, brands, certifications, what is unique about your operation, etc. to enhance your Blue Book listing. Your Descriptive Listing Facts will appear in the print Blue Book, published semi-annually, and in Blue Book Online, www.producebluebook.com.

Note: Descriptive Listing Fact lines in your listing are subject to the current nominal rate.

Personnel to appear in company listing:						
Name	Title	Cell	Email			

Additional business details: (i.e. branches, affiliations, certifications, specialties, areas you serve, etc.)