

BUSINESS CONTACT INFORMATION

PRINCIPLE OWNERS, PARTNERS OR OFFICERS: SUBMIT NAMES; HOME ADDRESS; SS #; DOB

Company name: _____TYPE: CORPORATION/PARTNERSHIP/SOLE PROPIETORSHIP

Phone: _____ Fax: _____ E-mail: _____

Registered company address: _____ SHIPPING ADDRESS:

City: _____ State: _____ ZIP Code: _____

TAX EXEMPT CERTIFICATE YES OR NO RESALE CERTIFICATE YES OR NO

Sole proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

BUSINESS AND CREDIT INFORMATION

Primary business address:

City: _____ State: _____ ZIP Code: _____

How long at current address?

Telephone: _____ Fax: _____ E-mail: _____

Bank name:

Bank address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Type of account: _____ Account number: _____

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Type of account:

Company name:

Address:

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Type of account:

Company name:

Address:

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Type of account:

AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice. (2% 10 days / Net 30)
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Rjfoods to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: _____ Title: _____
 Date: _____ Date: _____