



# Customer Application

## 1. Business/Company Information

<p>Company Name  <input style="width: 95%;" type="text"/></p> <p>Company Type    <input type="checkbox"/> C-Corp    <input type="checkbox"/> S-Corp    <input type="checkbox"/> Partnership    <input type="checkbox"/> LLC    <input type="checkbox"/> Sole Proprietorship</p> <p style="text-align: center;"><b>Main Office / Bill to Address</b></p> <p>Street Address  <input style="width: 95%;" type="text"/></p> <p>City, State, Zip  <input style="width: 95%;" type="text"/></p> <p>Phone#, Fax#, Email Address  <input style="width: 95%;" type="text"/></p> <p style="text-align: center;"><b>Sole Proprietor Home Address (if applicable)</b></p> <p>Sole Proprietor's Name  <input style="width: 95%;" type="text"/></p> <p>Street Address  <input style="width: 95%;" type="text"/></p> <p>City, State, Zip  <input style="width: 95%;" type="text"/></p> <p>Date of Birth                      Social Security #  <input style="width: 45%;" type="text"/>                      <input style="width: 45%;" type="text"/></p> <p>Phone#                                      Email Address  <input style="width: 45%;" type="text"/>                      <input style="width: 45%;" type="text"/></p>	<p>List DBA's or Other Trade Names  <input style="width: 95%;" type="text"/></p> <p style="text-align: center;"><b>Ship To Address (list additional on back)</b></p> <p>Street Address                      Delivery Hours  <input style="width: 70%;" type="text"/>                      <input style="width: 25%;" type="text"/></p> <p>City, State, Zip  <input style="width: 95%;" type="text"/></p> <p>Phone#, Fax#, Email Address  <input style="width: 95%;" type="text"/></p> <p style="text-align: center;"><b>Partnership/LLC - Partner's Home Adress (if applicable)</b></p> <p>Partner's Name  <input style="width: 95%;" type="text"/></p> <p>Street Address  <input style="width: 95%;" type="text"/></p> <p>City, State, Zip  <input style="width: 95%;" type="text"/></p> <p>Date of Birth                                      Social Security #  <input style="width: 45%;" type="text"/>                                      <input style="width: 45%;" type="text"/></p> <p>Phone#    Email Address  <input style="width: 45%;" type="text"/>    <input style="width: 45%;" type="text"/></p>
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## 2. Business/Company History & Information

FEIN/Federal ID# <input style="width: 95%;" type="text"/>	DUNS/Dun & Bradstreet# <input style="width: 95%;" type="text"/>	Date Founded <input style="width: 95%;" type="text"/>	If Corporation, State & Date <input style="width: 95%;" type="text"/>
Date Current of Owners/Management <input style="width: 95%;" type="text"/>		Has this business ever files bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property: <input type="checkbox"/> Rent/Lease Years: _____ Landlord: <input style="width: 150px;" type="text"/>		If so, type and date of filing <input style="width: 95%;" type="text"/>	
<input type="checkbox"/> Own                      Years: _____		Phone: <input style="width: 100px;" type="text"/>	
Other Company owned/operated branch locations (list full address, phone #, fax#, email, branch manager name) <input style="width: 95%;" type="text"/>			
Company Website: <input style="width: 95%;" type="text"/>			

## 3. Contact Information

Title/Position	Name	Phone & extension	Fax	Email
Owner	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
President/Manager	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Controller/Acct Payable	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Purchasing/Buyer	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Warehouse Manager	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

\*\* Important: Please list the email address(s) to receive Important Monthly Information including Promotions:

## 4. Trade References

<p>Company Name    #1</p> <p>(Years) / Account#    (    ) /</p> <p>City, State, Zip</p> <p>Phone# / Fax#</p> <p>Email Address</p> <p>Purchases    \$                      / wk    \$                      / mo</p>	<p>#2</p> <p>(    ) /</p> <p>City, State, Zip</p> <p>Phone# / Fax#</p> <p>Email Address</p> <p>Purchases    \$                      / wk    \$                      / mo</p>
<p>Company Name    #3</p> <p>(Years) / Account#    (    ) /</p> <p>City, State, Zip</p> <p>Phone# / Fax#</p> <p>Email Address</p> <p>Purchases    \$                      / wk    \$                      / mo</p>	<p>#4</p> <p>(    ) /</p> <p>City, State, Zip</p> <p>Phone# / Fax#</p> <p>Email Address</p> <p>Purchases    \$                      / wk    \$                      / mo</p>

**5. Financial / Bank Information**

Bank Name	Business Name on Account	
Branch Street Address	Branch Manager/Contact	Email Address
City, State, Zip	Checking Account 1	Checking Account 2
Phone / Fax	Savings Account	LOC / Loan Account

**6. Liability Limitation**

Sarnow Food Group hereby rejects any additional or different terms in any purchase order or other communication from Applicant. In addition, In no event shall Sarnow Food Group ever be liable to Applicant or its subsidiaries, affiliates, franchisees or operators, for any type of consequential, incidental, indirect or special damages, including, but not limited to, loss of profits or business opportunities, whether or not any such liability or damages shall be based upon breach of contract, tort (including negligence, gross negligence or strict liability) or otherwise, whether or not Sarnow Food Group has been advised of the possibility of such losses, and whether or not any limitation on Applicant’s remedies is deemed to fail in its essential purpose. All such excluded damages are expressly waived.

**7. Credit Policy**

Sarnow Food Group may make credit terms available in Sarnow Food Group's sole discretion. If credit terms are granted, all invoices must be paid in full according to terms stated on invoice. Any prompt payment discount which may be agreed to by Sarnow Food Group will be available only for invoices paid within the agreed upon discount date. Payments will be deemed to be made (a) if mailed to Sarnow Food Group on the date of the mailing, as established by the canceling postmark, or (b) if delivered to Sarnow Food Group in any other manner, when actually received by Sarnow Food Group at its headquarters currently located at 175 Central Ave South in Bethpage, NY 11714. Sarnow Food Group reserves the right to revoke credit or refuse further credit sales at any time for any reason or for no reason, without notice to customer. Sarnow Food Group reserves the right to not ship to any account with an unpaid invoice outstanding for thirty days or more. Sarnow Food Group also reserves the the right to charge a \$50 fee if we deliver an order and pick up a delinquent check.

**8. Finance Charges**

Sarnow Food Group will impose a finance charge equal to the lesser of 1.5% per month (18% per annum) or the highest allowable rate under New York law on all past due accounts. Applicant agrees to pay such finance charge and all reasonable collection costs, including legal fees and expenses, in case of any action for non-payment of any invoice.

**9. Officer's Signature**

Applicant hereby confirms its agreement be legally bound by the terms and conditions set forth herein in consideration of Sarnow Food Group's agreement to conduct business with Applicant. Applicant hereby authorizes Sarnow Food Group to contact the references specified by Applicant and authorizes those references to provide any information concerning Applicant to Sarnow Food Group. Applicant further authorizes Sarnow Food Group to obtain one or more commercial credit reports concerning Applicant and to make such other investigation into Applicant's creditworthiness and credit history as may be necessary to determine Applicant's eligibility for commercial credit. Applicant hereby authorizes the release of such information for such purpose and shall cooperate as reasonably requested in providing such information or causing such information to be provided. Sarnow Food Group is authorized to rely on such information without any obligation to independently verify its accuracy or completeness with Applicant or otherwise.

Print Name	Title (officer)	
Signature	Social Security #	Date

**11. Personal Guarantee**

I/we the undersigned, \_\_\_\_\_ and \_\_\_\_\_  
 Applicant's Name Co-Applicant's Name  
 residing at \_\_\_\_\_ and \_\_\_\_\_  
 Applicant's Address Co-Applicant's Address  
 respectively, for and in consideration of your extending credit at my/our request to \_\_\_\_\_ (herein referred to  
 Company Name  
 as the "Company") of which I/we are \_\_\_\_\_ and \_\_\_\_\_  
 Title/Position Title/Position

respectively, hereby severly/jointly personally guarantee to Sarnow Food Group, the prompt payment at 175 Central Avenue South, Bethpage, NY 11714, of any obligation of the Company and I/we hereby agree to bind myself/ourselves to pay you on demand any sum which becomes due to you by the Company whenever the Company shall fail to pay the same. In the event of insolvency of the Company, the filing of a voluntary or involuntary petition in bankruptcy or the making of an assignment for the benefit of creditors, then all liabilities of the Company shall be immediately due, and if not immediately paid will be paid immediately by the undersigned guarantor(s). It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/ we do hereby waive notice of default, nonpayment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Applicant's Printed Name / Signature	Co-Applicant Printed Name / Signature
Date	Date