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|--------------------------|---|
| <input type="checkbox"/> | New Account - COD ONLY (Fill out page 1 & 2 only)                                   |
| <input type="checkbox"/> | New Account - COD with Credit Card on file (Fill out page 1, 2 & 4)                 |
| <input type="checkbox"/> | New Account - Request for Credit Terms (Fill out page 1,2 & 3)                      |
| <input type="checkbox"/> | Existing Account - Request for Credit Terms (Fill out page 2 & 3)                   |
| <input type="checkbox"/> | Existing Account - Update Information - Location and/or Personnel (Fill out page 1) |

## Customer Application

### Billing Address:

Company Name/DBA: \_\_\_\_\_

Company Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_ Email: \_\_\_\_\_

Circle One: Deli, Bakery, Co-Op, Restaurant, Brewery, Bagel Shop, Pizzeria, Manufacturer, Retail, Home Baker, Caterer, School, Distributor, Contract Dining, Farmstand, Other: \_\_\_\_\_

### Shipping Address: (if different)

Company Name on the Sign: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Receiving Hours: \_\_\_\_\_

### Contact Information:

Buyer: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Sr. Officer: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email invoices to be sent to: \_\_\_\_\_

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### Guarantee of Payment

*(Please note account will not be opened without physical or digitally verified signature on Guarantee Statement)*

\_\_\_\_\_ at my request, I hereby agree to personally guarantee payment on demand any sum for materials and supplies, sold and delivered, which may become due whenever the company shall fail to pay the same. It is further understood that I will be responsible for the ATTORNEY'S FEES AND COLLECTION COSTS according to the law, if procedures are instituted.

I understand that my electronic signature on this application will be valid and bind me, and that I will not enter an electronic signature for any person other than myself. Initial \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Hillcrest Foods Credit Policy

*Please review the following information and initial each one.*

*Please note this is required to open an account.*

Customer Name: \_\_\_\_\_

All new customers will be required to prepay with check, cash or credit card (run prior to shipment) until credit checks and or terms can be properly evaluated. Please note it will take 3-4 weeks for information to be gathered to determine whether terms will be considered. Initial: \_\_\_\_\_

If payment is not available at time of delivery, our driver will be UNABLE to deliver your product. Initial: \_\_\_\_\_

All past due balances at the end of each month will be assessed an interest charge of 1.5% (APR 18%) Initial: \_\_\_\_\_

In the event that you are not available to sign for your delivery, you authorize a Hillcrest Foods Driver to sign for the receipt of your product. Initial: \_\_\_\_\_

Customers with terms must adhere to those terms or their account will be put on hold until account is satisfied. Initial: \_\_\_\_\_

If a check should be returned due to insufficient funds, the customer's account will be put on hold and a \$40.00 NSF service charge will be applied. The total check plus service charge must be cleared **before** another delivery will be made. Multiple NSF checks within a 3 month period will have credit terms revoked. Initial: \_\_\_\_\_

I hereby understand and will abide by the Hillcrest Foods Credit Policy:

I understand that my electronic signature on this application will be valid and bind me, and that I will not enter an electronic signature for any person other than myself. Initial: \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Credit Application

**In order to be considered for Credit Terms the information below MUST be filled in completely. If information is missing, the form will be returned to you for the information. Please note this can delay determination of credit terms.**

Company Name/DBA: \_\_\_\_\_  
Number of years in business: \_\_\_\_\_ Incorporated: \_\_\_\_\_ What year: \_\_\_\_\_  
FED ID#: \_\_\_\_\_ Tax Exempt # (if applicable): \_\_\_\_\_  
Resales Certificate #: \_\_\_\_\_ (include cert w/ app) Dun #: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Checking Acct #: \_\_\_\_\_ Savings Acct #: \_\_\_\_\_

### **Personal Information of Responsible Party:**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How many years at this address: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_  
Personal Bank: \_\_\_\_\_ Check Acct #: \_\_\_\_\_ SVS#: \_\_\_\_\_  
Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Have you or your company ever declared bankruptcy and/or had a foreclosure action, attachment, judgement or liens filed against you? Yes: \_\_\_\_\_ No: \_\_\_\_\_, If yes, explain & give dates: \_\_\_\_\_

### **Current Business References:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Must be signed for consideration of terms**

I authorized you to release financial information to Hillcrest Foods for a credit check on my accounts with your company. Thank you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my electronic signature on this application will be valid and bind me, and that I will not enter an electronic signature for any person other than myself. Initial \_\_\_\_\_



## Credit Card Billing Authorization Form

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Type (Visa, Discover, Amex, MC) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC #: \_\_\_\_\_ (3 digit number on back of card)

Name on Credit Card: \_\_\_\_\_

Person responsible for A/R: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### Please initial one option below for Credit Card Payment:

This is a one time charge; please bill my credit card for the following amount: \_\_\_\_\_ Initial: \_\_\_\_\_

Bill my credit card at the time of each order; after the order is delivered at my place of business. Initial: \_\_\_\_\_

Charge my credit card in the event that no payment is left or available for the driver. Initial: \_\_\_\_\_

### Credit Card Guarantee

I, \_\_\_\_\_, the applicant, agree that by signing this form I take responsibility of keeping the credit card on file up to date with the correct expiration date. I accept that this will be used as a form of payment according to the Payment Option that I have chosen above. In the event a change should be made, I will notify Hillcrest Foods in writing at the time of the change.

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Hillcrest Foods' discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Applicant agrees they are responsible for all legal fees associated in collecting any outstanding balances declined by the above credit card. Disputes to amounts invoiced should immediately be reported to: **dreynolds@hillcrestfoodsne.com**

I understand that my electronic signature on this application will be valid and bind me, and that I will not enter an electronic signature for any person other than myself. Initial \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_