



8305 Stayton Drive. Jessup, MD 20794  
9608 Premier Parkway, Miramar, FL 33025  
606 Territorial Drive Suite A, Bolingbrook, IL 60440  
2925 Shawnee Industrial Way #800, Suwanee, GA 30024

Tel (410)381-0710 Fax (410)381-2079  
Tel (954)430-9193 Fax (954)430-9667  
Tel (630)633-2470 Fax (630)633-2479  
Tel (678)926-5320 Fax (678)926-6699

**\*\*PLEASE SUBMIT THE APPLICATION WITH A COPY OF YOUR BUSINESS LICENSE\*\***

## NEW ACCOUNT APPLICATION

Business Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Type: ☐ **CSC** Convenience Chain ☐ **RES** Restaurant ☐ **HMR** Hispanic Retail Market  
☐ **ECO** E-Commerce ☐ **RTC** Retail Chain ☐ **HWD** Hispanic Wholesales and Distributor  
☐ **FPD** Food Producer ☐ **RTM** Retail Market ☐ **MRC** Mainstream Retail Market  
☐ **FSR** Food Service ☐ **WHS** Wholesales ☐ **MWD** Mainstream Wholesales and Distributor

### OWNER INFORMATION

Name: Mr. / Mrs. / Miss \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Language Prefer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Type of Ownership: ☐ Individual Proprietor ☐ Partnership ☐ Corporation ☐ LLC

Date Current Ownership Established: \_\_\_\_\_

Federal Tax payer ID: \_\_\_\_\_ Business License Number: \_\_\_\_\_

### TRADE REFERENCE

DUN#: \_\_\_\_\_

Name

Contact

Address

Phone / Fax

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### BANK REFERENCE

1. Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking ☐ Saving Contact Name: \_\_\_\_\_ Phone / Fax: \_\_\_\_\_

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

2. Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ Checking ☐ Saving Contact Name: \_\_\_\_\_ Phone / Fax: \_\_\_\_\_

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

### PERSONAL GUARANTEE

Name

Address

Phone / Fax

1. \_\_\_\_\_

2. \_\_\_\_\_

**I/We hereby affirm that the above information is true and authorize Eastland Food Corporation to verify information provided.**

**I/We authorize my/our trade references to release credit and financial information to Eastland Food Corporation. Upon approval of credit, I/We agree to pay in full and in accordance with the terms of payment indicated on Eastland Food Corporation invoices.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Title: \_\_\_\_\_



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## NEW ACCOUNT APPLICATION

### \* FOR OFFICE USE ONLY \*

Customer ID: \_\_\_\_\_ Salesman Code: \_\_\_\_\_ Date Open: \_\_\_\_\_

Customer Class: \_\_\_\_\_ MKT Type: \_\_\_\_\_ Region: \_\_\_\_\_ Customer Division: \_\_\_\_\_

Old Customer ID (if any): \_\_\_\_\_ Account Opened By: \_\_\_\_\_

Default Route: \_\_\_\_\_ Price Class: \_\_\_\_\_ Delivery Code: \_\_\_\_\_ Distance: \_\_\_\_\_

## SHIPPING INFORMATION

### \* FOR CUSTOMER \*

Establishment Name (name on the sign): \_\_\_\_\_

Business Days: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Delivery Hours: \_\_\_\_\_

Holiday Schedule Hours: \_\_\_\_\_

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

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

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

Contact Person: \_\_\_\_\_

Delivery Emergency Contact Person: \_\_\_\_\_

Emergency Phone Number/Cell Phone Number: \_\_\_\_\_

**Customer must provide safe and adequate unloading facilities for Eastland Food Corporation delivery equipment**

Shipping Accessibility      Dock Load:    ☐ Yes    ☐ No  
   Small Truck:    ☐ Yes    ☐ No  
   Tractor Trailer:    ☐ Yes    ☐ No

Shipping Condition:    ☐ Front    ☐ Back

Additional Information (if any): \_\_\_\_\_



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## **SHIPPING INFORMATION (continue)**

### **\* FOR CUSTOMER \***

#### **MAP AREA**

**\* Please draw the map to show the store location, delivery entrance, and parking accessibility \***

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Buyer's Name: \_\_\_\_\_

Buyer's Address: \_\_\_\_\_

\_\_\_\_\_

To: Eastland Food Corporation  
8305 Stayton Drive  
Jessup, MD 20794



## BLANKET RESALE CERTIFICATE

### SALES AND USE TAX REGISTRATION LICENSE NUMBER:

\*\*\* please attach a copy of the license \*\*\*

This is to certify that all tangible personal property or taxable services purchased from **EASTLAND FOOD CORPORATION** are intended for resale as tangible personal property or for use or incorporate as a material or part of other personal tangible property to be produced for sale.

This certificate shall be considered as a part of each order we shall give, provided that the order bears our State Sales and Use Tax Registration License Number, and is to continue in force until revoked.

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

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

Title: \_\_\_\_\_