



8305 Stayton Drive. Jessup, MD 20794
606 Territorial Drive Suite A, Bolingbrook, IL 60440
9735 Patriot Blvd Suite B, Ladson, SC 29456

Tel (410)381-0710 Fax (410)381-2079
Tel (630)633-2470 Fax (630)633-2479
Tel (843)371-5827 Fax (843)804-4977

*Please send in your application along with a copy of your business license and trade references to **info@eastlandfood.com**. If you have any questions, please don't hesitate to contact us.*

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: _____ 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: _____ Sub-Territory: _____
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: _____