



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: _____



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

*** 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: _____



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

SHIPPING INFORMATION

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): _____

MAP AREA

(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: _____