

OFFICE USE ONLY:

CUSTOMER ACCOUNT #: _____

APPROVED CREDIT TERMS: _____

APPROVED CREDIT LIMIT: \$ _____

ROUTE # / DAY: _____ / _____

**Diaco Food Service Company
Wholesale Distributors
110 Pennsylvania Avenue
Paterson, NJ 07503
Tel 973-881-9545 Fax 973-881-0406**

SALES REP USE ONLY:

Today's Date: _____

Sales Rep #: _____

Credit terms requested: _____

Credit limit requested: \$ _____

NEW CUSTOMER INFORMATION FORM

The following information must be filled out in its entirety for our records in order to provide you with an open account with terms.

Business Corporation Name: _____

Trade Name (*doing business as*): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

E-Mail Address: _____

Date Established: ____ / ____ / ____ Do you own or rent building? (*please circle*) Own Rent

Type of Organization: (*please circle*) Corporation Partnership Individual

Federal Tax I.D. #: _____ DNB #: _____ Sea Fax #: _____

Officer / Owner's Name (*last name*): _____ (*first name*): _____

Home Address: _____ Town: _____ State: _____ Zip Code: _____

Home Tele: (_____) _____ - _____ 2nd Tele: (_____) _____ - _____

Fax: (_____) _____ - _____ Cellular #: (_____) _____ - _____

E-Mail Address: _____

Driver's License Number: _____ Social Security #: _____ - _____ - _____

Officer / Owner's Name (*last name*): _____ (*first name*): _____

Home Address: _____ Town: _____ State: _____ Zip Code: _____

Home Tele: (_____) _____ - _____ 2nd Tele: (_____) _____ - _____

Fax: (_____) _____ - _____ Cellular #: (_____) _____ - _____

E-Mail Address: _____

Driver's License Number: _____ Social Security #: _____ - _____ - _____

Credit Card Information

Credit Card Name: _____ Cardholder's Name: _____
 Credit Card #: _____ Exp. Date: _____ CSC # _____

Note: All credit card charges will incur an additional fee of 3.5 % to the each purchase amount.

Bank Information

Bank Name: _____ **Address:** _____ **Town/State:** _____ **Contact Name:** _____
 Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____
 Checking Account #: _____ Savings Account #: _____

Trade References (preferably food distributors)

Business Name:	Address:	Contact Name:	Telephone #:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Purchaser agrees to pay all invoices in accordance with sellers terms of sale and agrees to be responsible for all purchases made by purchaser's representatives. In the event payment is not made after demand, purchaser agrees to pay interest at prevailing prime rates, plus 9% on all past due amounts. If the account is turned over for collection, purchaser also agrees to pay attorney's fee of 35% plus costs and disbursements.

Purchaser expressly agrees that this agreement shall be governed by the laws of the State of New Jersey, and jurisdiction and venue in any action or proceeding brought by either party to enforce or interpret this agreement shall be solely in PASSAIC (County), New Jersey (State).

Purchaser shall notify Seller by certified mail of any change of ownership of Purchaser. Purchaser warrants to Seller that all information furnished for the purpose of obtaining credit is true, correct and complete in all materials respects, and Purchaser authorizes Seller to contact and investigate all references furnished pertaining to the credit and financial responsibility of Purchaser.

_____ Name of Purchaser (please print)	_____ Name of Purchaser (please sign)	_____ Title
_____ Name of Purchaser (please print)	_____ Name of Purchaser (please sign)	_____ Title

Has your company or any of its owners, partners, or officers ever filed a petition for bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors? (please circle) YES NO If Yes, (Date): _____

In consideration of Diaco Food Service Company, Paterson NJ, extending credit to purchasers, the signatories hereto agree individually, jointly, and severally to be bound by the agreement above recited, understanding fully that this individual guarantee of payment shall be directly enforceable against them without the need to resort first to the principal debtor (purchaser) or exhausting remedies against them.

The signatories further authorize Diaco, or its agents, to perform all necessary personal credit inquiries in order to evaluate this credit application. Such inquiries may be from a credit reporting agency. Diaco, or its agents, shall be held harmless from any damages, real or perceived, that may result from such an inquiry. Should Diaco decline to offer credit solely based on a review of an individual credit report an explanation and copy of the report will be mailed to the individual.

This agreement shall be in effect until cancelled in writing by Diaco Foods Service via certified mail.

_____ Print Name of Guarantor	_____ X Signature of Guarantor	_____ Date
_____ Print Name of Guarantor	_____ X Signature of Guarantor	_____ Date

New Customer Bank Information Release Form

Name of Bank Institution

Address

Town, State, Zip Code

Telephone Number

Fax Number

Date: _____

Dear Credit Department:

I, _____ owner of _____
Customer's Name **Business Name**

Business Address

_____ give _____
Business Account Number **Name of Banking Institution**

authorization to release credit information to ***Diaco Food Service Company*** located at
110 Pennsylvania Avenue, Paterson, New Jersey 07503.

Any questions, please call me at (_____) _____ - _____.

Thank you,

Business Owner's Signature

New Customer Delivery Information and Direction Form

1. Date: _____
2. Customer Name: _____
3. Street Address: _____
4. Town: _____ State: _____ Zip Code: _____
5. Telephone: _____ Fax: _____
6. Owner's Name: _____
7. Manager's Name: _____
8. Landmarks: _____

9. Business Hours: _____
10. What is the earliest possible delivery time? _____
11. What is the latest possible delivery time? _____
12. Lunch hours? _____
13. Are deliveries "during" lunch hours accepted? YES NO
14. Requested delivery day(s) (*to be approved by routing mgr*): M T W R F
15. Are there any deliveries made by staircase? Yes NO
16. How many stairs? (up or down) _____ Floor # _____ Other: _____
17. Delivery thru "back door" or "front door"? _____
18. Are there any ramps? YES NO
19. Comments: _____
20. Diagram: **(please draw the location of business on street with nearest cross street)**
21. Please write down directions: **(from Diaco Foods Service to the customer's location)**

