



DEAR CUSTOMER,

THANK YOU FOR GIVING US THE OPPORTUNITY TO BE OF SERVICE TO YOU.  
PLEASE COMPLETE THE FOLLOWING FORM AND FAX TO:

**951-296-6019 FAX**

**\*IF PAYMENTS WILL BE MADE BY CHECK, ALL OF THE OWNER INFORMATION MUST BE COMPLETED IN FULL\*  
(Incomplete / illegible applications will be set up as a cash or Credit card ONLY account)**

**\*IN THE EVENT OF OWNERSHIP CHANGE, A NEW APPLICATION MUST BE FILED AND ANY EXISTING TERMS & DISCOUNTS WILL BECOME NULL AND VOID UNTIL SUCH TIME AS NEW OWNER QUALIFIES.\***

STORE NAME: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BILLTO ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_ SOLE PROPRIETOR \_\_\_\_ PARTNERSHIP \_\_\_\_ CORPORATION \_\_\_\_ FRANCHISE

OWNER/PRESIDENT'S NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

RESALE NUMBER: \_\_\_\_\_ TAX ID: \_\_\_\_\_



STORE MANAGER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ALTERNATE (EMERGENCY) CONTACT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_ AM (to) \_\_\_\_ PM / DELIVERY HRS: \_\_\_\_ AM (to) \_\_\_\_ PM

WEBSITE: \_\_\_\_\_

WOULD LIKE DELIVERIES MADE TO: \_\_\_\_ FRONT DOOR \_\_\_\_ BACK DOOR

The undersigned hereby certifies that the merchandise purchased on each order we shall give, and until this notice is revoked by us in writing, is purchased for wholesale, resale, ingredients or components of a new product to be resold in the normal course of business. We are in the business of reselling the products purchased from the seller.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sale or use tax we will pay the tax directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. All tax numbers for each state in which this company is registered is listed on or accompanied to this form. Under penalties of perjury, I affirm that the information on this form is true and correct as to every material matter.

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AUTHORIZED SIGNATURE

PRINTED NAME

TITLE

DATE

**\*\*Please Note, This is not an Application for Credit Terms\*\***

**\*\*PLEASE ALLOW 48 HOURS FROM TIME OF RECEIPT TO PROCESS FORMS & SET UP ACCOUNT\*\***



## CREDIT CARD AUTHORIZATION

If you wish to pay by credit card, please complete the following information

**COMPANY NAME:** \_\_\_\_\_

Card type: (circle one) VISA / MASTERCARD / AMER. EXPRESS / DISCOVER

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

Expiration Date: \_\_\_\_\_

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

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

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at company's discretion if any charges are declined or charge-backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to the Accounts Receivable Manager at Reliant Foodservice, 951-296-1040 Ext. 201.

Any changes in the status of this card can also be reported to 951-296-1040 Ext. 201.

The undersigned is the duly authorized representative of \_\_\_\_\_

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

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