

# EASTLAND FOOD CORPORATION

8305 Stayton Drive. Jessup, MD 20794 Tel: (410)381-0710 Fax: (410)381-2079  
 9608 Premier Parkway, Miramar, FL 33025 Tel: (954)430-9193 Fax: (954)430-9667  
 606 Territorial Drive Suite A, Bolingbrook, IL 60440 Tel: (630)633-2470 Fax: (630)633-2479  
 2925 Shawnee Industrial Way #800, Suwanee, GA 30024 Tel: (678)926-5320 Fax: (678)541-6699

**\*\*Please submit the application with a copy of your business license\*\***

## NEW ACCOUNT APPLICATION

**Business Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **After Business Hours Phone:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

**Owner Information:**

**Name:** Mr./ Mrs./ Miss \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last name** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_ **Language Preference:** \_\_\_\_\_  
**Social Security Number:** \_ - \_ - \_ **Driver License Number:** \_\_\_\_\_

**Business Type :**

Oriental	Mainstream	Hispanic
<input type="checkbox"/> Retail Market	<input type="checkbox"/> Retail Chain	<input type="checkbox"/> Retail Market
<input type="checkbox"/> Retail Chain	<input type="checkbox"/> Food Service	<input type="checkbox"/> Wholesaler & Distributor
<input type="checkbox"/> Wholesaler & Distributor	<input type="checkbox"/> Convenient Chain	<input type="checkbox"/> Retail chain
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Food Producer	<input type="checkbox"/> Food Service
<input type="checkbox"/> Food Service	<input type="checkbox"/> Fast Food Chain	
	<input type="checkbox"/> Export	
	<input type="checkbox"/> Consolidator	

**Type of Ownership:** ( ) Individual Proprietor ( ) Partnership ( ) Corporation ( ) LLC  
**Date Current Ownership Established** \_\_\_\_\_  
**Federal Tax Payer ID:** \_\_\_\_\_ **Business License Number:** \_\_\_\_\_

**Trade References** \_\_\_\_\_ **DUN#:** \_\_\_\_\_  

Name	Branch	City & State	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**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**

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: \_\_\_\_\_ Tractor Trailer: \_\_\_\_\_

Shipping Condition: Front: \_\_\_\_\_ Back: \_\_\_\_\_

Any Available Additional Information: \_\_\_\_\_

**MAP AREA** (to show the store location, delivery entrance, and parking accessibility)

**Blanket Resale Certificate**

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

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

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

To: Eastland Food Corp.  
8305 Stayton Drive  
Jessup, MD 20794

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: \_\_\_\_\_