



3388 Pennsy Drive • Landover, MD 20785
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Customer Enrollment Form

***HOURS FOR DELIVERY: _____

***DELIVERY CROSS STREETS, LANDMARKS, ETC.: _____

Company/Individual Name _____

Trade Name (if different from Company name) _____

Years in business _____ E-Mail Address _____

Telephone (_____) _____ Fax (_____) _____

Location Address _____
Street

City _____ County _____ State _____ Zip Code _____

State of Incorporation (if applicable) _____ Federal Tax ID# _____

Social Security Number (if individual) _____

Registered Agent _____
Name Address

Own _____ Rent _____ / _____
Name and address of landlord (if applicable)

LIST ALL COMPANY OFFICERS/KEY PERSONNEL (Must list at least two contacts)

Title Name Home Address and Telephone

Title Name Home Address and Telephone

Title Name Home Address and Telephone

BANK REFERENCES

Bank Name and Address _____

Account Officer _____

Name

Telephone

Account Number

Collateral Pledged to Bank _____

I authorize my bank _____ to release information about my account to

Spectrum Foods regarding availability of funds. _____

Signature

GENERAL INFORMATIONIndicate Corporate StructureNature of Business

_____ Public _____ Private Corporation

_____ Wholesaler

_____ Sub-Chapter S Corporation

_____ Food Service Distributor

_____ Partnership

_____ Restaurant

_____ LLC

_____ Grocery Store

_____ Sole Proprietorship

TRADE REFERENCES (Please list two other vendors as credit references)_____
Name of Company_____
Address_____
Telephone_____
Name of Company_____
Address_____
Telephone_____
Name of Company_____
Address_____
Telephone

