



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 _____

Phone (_____) _____ Cell (_____) _____ 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

Name of Salesperson _____

The undersigned (Customer) agrees to the following terms of sale:

1. The Customer agrees to pay for invoices, less credit for returns, within 30 days from invoice date. Any invoices which are not paid within 30 days shall bear interest at eighteen (18%) per annum or the highest legal rate, whichever is lower.
2. The Customer will reimburse Spectrum Foods for any bank fees Spectrum Foods receives for checks the Customer bounces.
3. This Customer Enrollment Form shall be construed and governed in accordance with the laws of the State of Maryland. Each party consents to jurisdiction in the State of Maryland and venue in Prince George's County, for the resolution of any billing disputes.
4. The Customer agrees to pay for any expenses Spectrum Foods incurs in collecting unpaid debt, including reasonable attorneys' fees of not less than 25% of the amount of said debt, and court costs. Debts of Spectrum Foods Inc. to Customer will be offset against Customer debt to Spectrum Foods Inc.
5. If the Customer is a proprietorship or partnership, then each owner or partner agrees to be personally liable for all debts resulting from the sale of merchandise to them by Spectrum Foods.
6. By signing below, the Customer authorizes Spectrum Foods to periodically obtain credit reports for the purpose of establishing, investigating, or maintaining a credit relationship with them.

I certify that I am the person financially responsible for the debts of the business referenced in this Application and that I have provided accurate information to the best of my knowledge. I certify that I have full authority to bind the Company to the terms of this Agreement. I also agree to contact Spectrum Foods, Inc., if any of the information changes or becomes obsolete.

Signature of Officer or Owner _____ Date _____
Printed Name of Officer or Owner _____
Position of Officer or Owner _____

Please list a credit card number and expiration date that we may use in the event that you are unavailable to make payment on a C.O.D. order. By providing this number you are giving Spectrum Foods the right to charge your credit card for unpaid balances. We will be unable to let you sign for a C.O.D. order and will be forced to return product to the warehouse in the event of non-payment. Please note there will be a 1.98% convenience fee added to credit card payments.

Credit Card Number _____ Expiration Date _____ Credit Card Security Code _____

Credit Card Billing Address _____ Billing Zip _____

Signature of Credit Card Holder _____