

Application Date: _____



Customer Enrollment Form

We're thrilled that you are thinking about joining our team! Since 1994, we have been providing products with exceptional service to a variety of restaurants, grocery stores, cafeterias, and other establishments in the Washington DC metropolitan area and beyond. Let us show you how Spectrum Foods can be your partner for your growing business.

Please fill out this form in its entirety. If you need further assistance, please contact Spectrum Foods at (301)322-8889.

About Your Business

Billing Information

Legal Name of Company: _____

Address: _____

City, State, Zip: _____

Accounts Payable Contact: _____

Accounts Payable Email: _____

Accounts Payable Phone: _____

Federal Tax ID: _____

State Tax Exemption Certificate Number: _____

Shipping Information

Trade Name (dba): _____

Address: _____

City, State, Zip: _____

Cross Street/Landmark Nearby: _____

Onsite Contact: _____

Onsite Contact Email: _____

Onsite Contact Phone: _____

Onsite Contact Fax: _____

Please circle one of the following-My business is in a building that we: Own | Rent

Landlord and Phone Number (if renting): _____

Delivery Hours and Special Instructions: _____

Does your company have more than one unit? Let us know by including a list of all locations you are interested in having us service.

Type of Business-Please circle the following that best describes your business:

Restaurant | Caterer | Wholesaler/Producer | Cafeteria | Grocery Store | Other

Goods for Purchase: Please circle all item categories that you are interested in purchasing for your business:

Chicken | Turkey | Beef | Pork | Goat | Lamb | Seafood | Provisions (Deli/Cheese) | Produce | Frozen Foods | Dry Goods (Rice, Beans, Oils) | Non-Food Items (Charcoal, Lighter Fluid, etc.) | Cleaning Supplies

Payment Methods: If terms are desired and granted by Spectrum Foods, payment will only be accepted via ACH/Credit Card. If the account is COD; acceptable payment methods are Check/Credit Card/ACH.

Please circle the method in which you would prefer your company pays it bills:

Check | ACH (initiated by customer) | ACH (reoccurring and initiated by Spectrum Foods) | Credit Card (see below)

(Please note that credit cards are subject to a one and ninety-eight, one hundredths percent (1.98%) processing fee. By circling credit card and checking the box below, you are validating that you understand this and accepting this processing fee. Spectrum Foods will contact the customer prior to the first order to collect your credit card information so that it is obtained and stored confidentially, in accordance with PCI compliance, and so that we may process it for collection of debts for goods and services provided for Spectrum Foods. To affirm that you agree to this, please check the box below and initial in the box to the right of the sentence.

☐ By checking this box, I understand and agree to the terms set forth in the paragraph above, in relation to credit card processing, with Spectrum Foods Inc. Initials: _____

Financial Information

Corporate Structure: Please circle the following that applies to your business' corporate structure:

Public Corporation | Private Corporation | LLC | Sub Chapter S Corporation | Partnership | Sole Proprietorship | Non-Profit

Company Officer(s)

Name and Title: _____	Name and Title: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____
Social Security Number: _____	Social Security Number: _____
License NO. and Issuing State: _____	License NO. and Issuing State: _____
% Ownership: _____	% Ownership: _____

Please let us know if your company has more officers/owners for our records.

Are any of the owners/officers current or previous clients of Spectrum Foods: Yes | No

If yes, what is/was the name of the business doing business with Spectrum Foods: _____

Are any of the owners/officers currently involved in any legal proceedings related to the business: Yes | No

Is this a new business (incorporating for the first time): Yes | No

If the business is not new, how long have you been operating: _____

Is this an existing business with a transfer in ownership: Yes | No

If this is a transfer in ownership, when did you and your group take ownership: _____

Bank Information

Bank Name: _____	I authorize my bank, _____ (Bank Name), to release information about my account to Spectrum Foods Inc. of Landover, MD, regarding the availability of funds and payment history.
Account Number: _____	
Bank Contact Name: _____	
Bank Contact Phone Number: _____	
Branch Address: _____	Signature: _____
Branch City, State, Zip: _____	Name and Title: _____
Collateral (if any) pledged to bank: _____	Date: _____

(Note signer must be listed on the bank account)

Trade References

Business Name: _____	Business Name: _____	Business Name: _____
Contact: _____	Contact: _____	Contact: _____
Address: _____	Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____	Fax Number: _____

The undersigned (customer) agrees to the following terms of sale with Spectrum Foods Inc, located at 3388 Pennsy Drive, Landover, MD 20785.:

1. The customer agrees to pay for invoices, less credit for returns, within 30 days or the other agreed upon terms of credit, from the date of invoice. Any invoices which are not paid within the agreed upon terms shall bear interest at eighteen percent (18%) per annum or the highest legal rate, whichever is lower.
2. The customer will reimburse Spectrum Foods for any bank fees Spectrum Foods incurs for checks the customer bounces.
3. This form, "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 and all expenses Spectrum Foods incurs in collecting unpaid debt, including but not limited to, reasonable attorney's fees of not less than twenty five percent (25%) of the amount of said debt, and court costs. Debts of Spectrum Foods Inc. to the customer will be offset against customer debt to Spectrum Foods Inc.
5. If the customer is a proprietorship, partnership, or limited liability company, then each owner of partner agrees to be personally liable for all debts resulting from the sale of merchandise to the by Spectrum Foods.
6. By signing below the customer authorizes Spectrum Foods to periodically obtain credit reports of rate purposes of establishing, investigating, or maintain 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.

Officer/Owner Name: _____

Officer/Owner Title _____

Officer/Owner Signature: _____

Date: _____

*Please also fill out the state tax exemption form, found on our website
www.spectrumfoodsinc.com, for your respective state and submit all documents to us by:*

- Sending the documents to the salesperson you're working with.
- Emailing the documents to: customerapplications@spectrumfoodsinc.com
- Faxing the documents to (301) 322-8005
- Mailing the documents to:
Spectrum Foods Accounting Department
3388 Pennsy Drive, Landover, MD 20785

Need Help? Call us at (301)322-8889 for assistance.

We look forward to serving you!