

Northern Haserot

ACCOUNT APPLICATION

21500 Alexander Road • Cleveland, Ohio 44146 • Phone (440) 439-0600

INSTRUCTIONS: Please print or type. Fill in all spaces and complete by signing where indicated. The party must be either an officer, partner, or owner of your organization.

B _____
LEGAL NAME OF BUSINESS

I _____
BILLING ADDRESS

L _____
CITY STATE ZIP

_____ COUNTY

T _____
AREA CODE ()

O _____
BILLING OFFICE TELEPHONE

_____ AREA CODE ()
FAX NUMBER

S _____
DBA (DOING BUSINESS AS) NAME

H _____
SHIPPING ADDRESS

I _____
CITY STATE ZIP

_____ COUNTY

T _____
AREA CODE ()

O _____
TELEPHONE

_____ AREA CODE ()
FAX NUMBER

BUSINESS INFORMATION:

New Owner? Yes No Purchase Date _____ Length of Time in Business _____ YRS.

Business is a:

Corporation (list officers names & titles) If Corporation, give date of incorporation and state. Date _____ State _____

General Partnership (list each partner & social security number) If Partnership is Certificate filed? Yes No
Date _____ County _____ State _____

Limited Partnership (list each partner & social security number) If Partnership is Certificate filed? Yes No
Date _____ County _____ State _____

Proprietorship Owner's Name _____ Social Security Number _____

Federal Employer ID Number: _____ **Name on Liquor License:** _____

Complete the following information: (for the corporate officers, partners, or individual owner)

Name & Title _____ Name & Title _____

Home Address _____ Home Address _____

City, State, Zip _____ City, State, Zip _____

How Long Associated or Active w/Business _____ How Long Associated or Active w/Business _____

Telephone _____ SS# _____ Telephone _____ SS# _____

Name & Title _____ Name & Title _____

Home Address _____ Home Address _____

City, State, Zip _____ City, State, Zip _____

How Long Associated or Active w/Business _____ How Long Associated or Active w/Business _____

Telephone _____ SS# _____ Telephone _____ SS# _____

Have you or any of the other principals participated in either a corporate or personal bankruptcy in the last five years?

Yes No Under what name? _____

Have you ever been a customer of Northern Haserot under a different name or address?

Yes No When? _____ Name _____

Address _____ City _____ State _____ Zip _____

BUSINESS INFORMATION:

ACCOUNT NAME _____

(CHECKING) ACCOUNT NO. _____

BANK NAME _____

CONTACT NAME _____

ADDRESS _____

TELEPHONE _____

CITY, STATE, ZIP _____

BUSINESS REAL ESTATE:

Is Property Owned Mortgaged Leased Owner/Lessee Name _____

Property mortgaged/leased from: Name _____

Address _____

Contact _____ Telephone _____

Equipment Owned Leased Owner/Lessee Name _____

Equipment leased from: Name _____

Address _____

Contact _____ Telephone _____

TRADE REFERENCES: (Preferably food distributors, cannot accept beer or liquor distributors as references)

BUSINESS NAME ADDRESS TELEPHONE

BUSINESS NAME ADDRESS TELEPHONE

BUSINESS NAME ADDRESS TELEPHONE

BUSINESS NAME ADDRESS TELEPHONE

BUSINESS NAME ADDRESS TELEPHONE

ACCOUNTS RECEIVABLE INFORMATION:

Accounts Payable Contact _____ Accounts Payable Telephone _____

Accounts Payable E-mail _____ Customer Website _____

TAX INFORMATION AND INSTRUCTIONS:

Are you exempt from sales tax? Yes No

Please Note: According to state laws, tax exempt status will only be gained after we have received your complete exemption certificate. If you are a non-profit organization, include a copy of your "tax exempt letter" that was given to you by the Department of Revenue.

BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims exemption to purchases of tangible personal property from

Northern Frozen Foods, Inc. DBA Northern Haserot

NAME OF VENDOR
on and after _____ and certifies that this claim is based upon the
DATE

purchaser's proposal use of the items purchased, the activity of the purchaser, or both, as shown hereon:

(PURCHASER'S ACTIVITY, I.E. MANUFACTURER, PUBLIC UTILITY, CHURCH, ETC.)

(PURCHASER'S ADDRESS, STREET, CITY & STATE)

(BY - SIGNATURE AND TITLE)

PURCHASE MUST STATE STATUTORY REASON FOR CLAIMING EXEMPTION OR EXCEPTION

(DATE SIGNED)

(PURCHASER'S NAME)

(VENDOR'S LICENSE, IF ANY)

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above vendor unless the order specifies otherwise.

**TERMS OF SALE ON CREDIT/CREDIT AGREEMENT/PERSONAL GUARANTEE
(PLEASE READ CAREFULLY BEFORE SIGNING)**

- I. I, the Undersigned ("Purchaser") agree to the following terms of sale and conditions on all purchases made by the Purchaser from Northern Frozen Foods, Inc., d.b.a. Northern Haserot ("Seller"):
1. Deliveries will be C.O.D. until Seller's credit department has approved terms.
 2. All amounts due for goods and services purchased from Seller are payable in full as stated herein.
 3. All amounts due Seller are payable in accordance with the payment terms granted by Seller's credit department.
 4. Any and all amounts due Seller not paid in accordance with the aforementioned will be assessed a service charge of one and one-half percent (1.5%) per month.
 5. Purchaser shall pay on each occurrence of a check returned unpaid by Purchaser's bank, a return check fee of \$50.00. Payment by check constitutes acceptance of these terms.
 6. Purchaser shall pay all collection fees, attorney fees and court costs incurred by Seller in the event the account is turned over to an attorney or other agency for collection. If suit is brought or the account is collected through any judicial proceeding whatsoever, purchaser consents to the jurisdiction and venue of the Cuyahoga County Court, Ohio, of Common Pleas at the exclusive option of "seller".
- II. Purchaser agrees that Seller may contact the previously listed references, including any bank, and such references are hereby authorized to convey any information requested by Seller.
- III. Purchaser warrants that all information furnished within is true and complete in all material aspects. Any misrepresentation in this application will be considered fraud, since this information is the basis for opening an account with the Seller and the possible granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and factual.
- IV. All COD accounts will be paid by cash or check. All other accounts will be paid through ACH.
- V. As a condition of Northern Frozen Foods, Inc., d.b.a. Northern Haserot, extending credit to Purchaser, the Undersigned hereby personally guarantees payment in full for all product or goods delivered by Northern Frozen Foods, Inc., d.b.a. Northern Haserot, plus service charges, collection costs, return check fees and attorney fees, and waive any presentment, demand, protest and any other notice from Northern Frozen Foods, Inc., d.b.a. Northern Haserot regarding this guarantee of payment. It is further agreed that the use of titles with respect to individual signatures below shall have no legal significance and shall in no way be construed to relieve the individual guarantors of their personal obligations under this paragraph.
- VI. Purchaser agrees to notify Seller by certified mail of any change of ownership of Purchaser.
- VII. Seller reserves the right to modify payment terms at Seller's discretion.
- VIII. Seller may close or suspend Purchaser's account to future purchases at any time without prior notice. Regardless of the cause or the reason for the closing or the suspension of the Purchaser's account, the Purchaser shall remain responsible for the payment of the amount owed to seller according to the terms and conditions of this agreement.
- IX. By signing this agreement, I accept and agree to be legally bound by the aforementioned terms and conditions. The party signing this agreement warrants that he/she is either an officer, a partner or owner of the Purchaser organization and is authorized to bind the organization to the terms of this agreement.

Account Name _____ (Purchaser's Exact Corporate Name)	Signature _____ (Name of Purchaser)	_____ Date
	_____ (Title)	
Name _____ (Print)	Signature _____ (Individually and as Guarantor)	_____ Date
Name _____ (Print)	Signature _____ (Individually and as Guarantor)	_____ Date
Witness _____ (Print, to be witnessed by NHB representative)	Signature _____ (Witness)	_____ Date

FOR OFFICE USE ONLY

(TO BE COMPLETED BY DSR)

Customer Name _____

Customer Class _____

Telephone _____

S1-M2-L3-X4 _____

E-mail Address _____

Date _____

Sales Contact _____

DSR# _____

CUSTOMER CLASS CODES:

A - VENDING

L - DELI/CARRY-OUT

V - ITALIAN REST

B - HOSPITAL

M - TAVERN

W - PIZZA

C - NON PROFIT INST

N - DAIRY BAR/DRIVE-IN

X - ASIAN REST

D - PRIVATE NURSING HOME

O - FAST FOOD

Y - WHOLESALE ACCT

E - SCHOOL

P - CATERER

Z - ALL OTHERS

F - COLLEGE

Q - FAMILY STYLE REST

2 - FRATERNITY

G - GOVERNMENT

R - HOTEL

3 - CAFETERIA

H - CHURCH

S - CLUB

4 - TRUCK STOP

I - CAMP

T - WHITE TABLECLOTH

5 - STEAK HOUSE

J - DAY CARE

U - SEAFOOD REST

6 - INPLANT

K - RETAIL MARKET

7 - DINER

FOR OFFICE USE ONLY

(ACCOUNT ENTRY)

Account Number _____

Credit Limit _____

Bill To _____

Terms _____

Customer Class _____

Telephone _____

Ship To _____

Fax Number _____

Sales Contact _____

A/P Telephone _____

A/P Contact _____

DSR# _____

Acct. Range _____

County _____

Entered By _____

Tax Exempt _____

Date _____