



ADAMS-BURCH

Account # : _____

Salesperson # : _____

- New Business
- Existing Business
- New Owners

For Office Use Only	
Date:	_____
<input type="checkbox"/> Approved	_____
<input type="checkbox"/> Rejected	_____
By:	_____
Term Code:	_____
CL:	_____

Required to do Business
 Required for Credit Approval

ACCOUNT APPLICATION

Bill To: _____
 Corporate Name

 Address

 City, State, Zip

 Accounts Payables Contact

 Telephone Number

 Federal Tax ID No.

 Fax Number

Ship to #: _____
 Legal Name

 Trade Name (DBA)

 Address

 City, State, Zip

Status: Proprietorship Corporation
 check one Partnership LLC
 Limited Partnership Franchise of: _____

State Registered: _____ Date: _____
 Attach copy of business license

President / General Partner (Less than 51%, other owner must complete ▶)

 Name

 Home Address

 City, State, Zip

 Social Security # % Owned

Other Owner / Partner

 Name

 Home Address

 City, State, Zip

 Social Security # % Owned

ATTACH A LIST OF ADDITIONAL PARTNERS

Estimated Monthly Purchases: _____

P.O. Required? Yes No
 check one

Terms Requested: C.O.D.: Due & payable at the time of delivery Net 30: Due & payable Net 30 Bill Credit Card On File: Attach Credit Card Authorization Form (required)
 check one

Checking Account: _____
 Account Number

 Bank Phone Number

 Bank Name

 Bank Fax Number

Trade References: Preferably other food service or cleaning supplies distributors (not liquor or beer)

	Name	Account Number	Phone Number	Fax Number
1.	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____
2.	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____
3.	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____
4.	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____

PLEASE READ CAREFULLY: In considering this request from you, we will rely on this information which you have supplied in determining its credit worthiness. It is most important that the information be accurate and complete. It is a federal crime to make a false statement on this application. By signing this application, you represent and warrant the accuracy of the information, the undersigned as an individual, hereby knowingly consents to the use as stated by the Fair Credit Reporting Act as contained in 15 U.S.C. 1681 ET SEQ., as amended from time to time. In connection with the administration of granting credit, Adams-Burch may request a routine investigative consumer report concerning general reputation, personal characteristics, and mode of living, whereby information is obtained through interviews with neighbors, friends or others with whom I am acquainted. If such a report is requested, detailed information about the nature and scope of this investigation may be made available to me upon my written request within a reasonable amount of time.

TERMS & CONDITIONS: Purchaser acknowledges that there are no oral representations or agreements made by Adams-Burch, Inc. Purchaser waives right to trial by jury and consents to jurisdiction and venue in Prince Georges County, Maryland and any state and county where the purchaser conducts business. Should any payment not be made when due, purchaser authorizes any attorney designated by Adams-Burch, Inc. to appear in any court of competent jurisdiction and confess judgement against purchaser for the amount due with cost of suit, interest at 12% per annum, attorney's fees of 20%, waiving homestead and all other exemptions, stay of execution, and right to appeal. The applicant certifies under the penalty of perjury that the statements contained in the application are correct.

By: _____

Title: _____

Print Name: _____

Date: _____

PLEASE COMPLETE & SIGN THE OTHER SIDE • COPY FOR YOUR RECORDS & GIVE ORIGINAL TO YOUR SALES REPRESENTATIVE

Email Address:

Accounts Payables email address if available

General email address for receiving flyers and marketing materials (optional)

Have you done business with Adams-Burch previously?

Yes No
⊛ check one

Are you buying for RESALE (e.g. carryout containers, food packaging materials)?

Yes No
⊛ check one

If your answer is **YES**, please attach appropriate resale certificate.

Are you a TAX EXEMPT organization?

Yes No
⊛ check one

If your answer is **YES**, please attach a copy of your exemption certificate.

Premises :

Owned Leased

Equipment :

Owned Leased

Mortgage Holder / Lessor Name

Lien Holder Name

Address

Address

City, State, Zip

City, State, Zip

INDIVIDUAL PERSONAL GUARANTEE

Date: _____

I, _____
Print Full Name

Residing at _____
Print Complete Home Address

for and in consideration of your extending credit at my request to _____
Name of Customer

(hereinafter referred to as the "customer"), hereby personally guarantee to you the payment at Adams-Burch Inc., 1901 Stanford Court, Landover, in the State of Maryland, of any obligation to the customer, and I hereby agree to bind myself to pay to you on demand any sum which may become due to you by the customer whenever the customer shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the customer. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. Should any payment not be made when due, the undersigned authorize(s) any attorney designated by Adams-Burch, Inc. to appear in court of competent jurisdiction and confess judgment against the undersigned for the amount due with costs of suit, interest at 12% per annum, attorney's fees of 20%, waiving homestead and all other exemptions, stay of execution, and right to appeal. Guarantors consent to jurisdiction and venue in Prince Georges County, Maryland, and any state and county where they reside or do business.

USE OF A CORPORATE TITLE SHALL IN NO WAY LIMIT THE PERSONAL LIABILITY OF THE PERSONAL GUARANTEE SIGNATORY.

Signature _____

Witness Signature _____
Print Name

Witness Address _____



ADAMS-BURCH

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www.adams-burch.com