



P.O. Box 8710, Fort Wayne, IN 46808-8710

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Account Application (CSR: \_\_\_\_\_ EXT: \_\_\_\_\_)

Location you are applying for: \_\_\_\_\_

**General Information:**

Legal Name: \_\_\_\_\_

DUNS#: \_\_\_\_\_ Fed EIN/SS #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Parish: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Parish: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_

CFO/Controller: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Business Information**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

Are you a subsidiary of a parent company? No \_\_\_\_\_ Yes \_\_\_\_\_ (If Yes, Please List Parent Company's Name:) \_\_\_\_\_

Registered to do business in state of: \_\_\_\_\_

Chief Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Additional Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Additional Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Taxable: Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If no, valid certificate must be attached)

Length of time in business: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Number of locations: \_\_\_\_\_ (If multiple locations, please attach a list with application)

**\*\*This application has two pages. Please complete both pages. Incomplete applications will result in service/sale being delayed.\*\***

**Bank Reference:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Number of returned items in last 6 months: \_\_\_\_\_

**Trade References:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

**Terms and Conditions:**

The undersigned agrees to pay for all purchases/work performed upon receipt of invoice. No terms or conditions of purchase orders different from standard terms will become part of any transaction unless specifically approved in writing by Heritage Food Service Group, Inc. Please be advised that you are responsible for any part or work performed that is not covered under warranty. As a general reminder, any cleanings, calibrations or adjustments are not covered under warranty. At the time of service completion, customers with credit card terms will be charged the amount of the invoice to the credit card on file.

The undersigned agrees to pay 1-1/2% monthly finance charge (18% annum) billed on all past due balances when applicable. In the event that the account is placed in the hands of an attorney for collection, the undersigned agrees and promises to pay an attorney's fee of not less than 15% of the balance due and owing. The parties hereto knowingly and intentionally waive the right to a jury trial on any issue dispute that may arise between them.

No deductions are allowed unless agreed upon by Heritage Food Service Group, Inc. in writing. Any returns are to be made with prior approval only (return merchandise authorization [RMA]) and may be subject to a restocking charge.

The undersigned authorizes the release of all information needed to verify the contents of this application or to otherwise process the application, including but not limited to contacting third parties concerning the credit worthiness of the applicant. The applicant further agrees to hold Heritage Food Service Group, Inc. harmless for any and all information herein solicited or disseminated by Heritage Food Service Group, Inc.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Your Name: (please print) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_