

M.J. Kellner Co., Inc. Customer Account Application

Where will we be delivering our quality products?	Shipping Address:		
	_____		_____
	DBA Trade Name		Phone Number
	_____	_____	_____
	Address	City, State, Zip Code	Fax Number
Where will we be mailing billing information?	Billing Address:		
	_____		_____
	Corporate Name of Company		Phone Number
	_____	_____	_____
	Address	City, State, Zip Code	Fax Number
We'd like to get to know you.	Tell us about your business:		
	<i>Please check one:</i>		
	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
			<i>Type of Establishment:</i>
	_____	_____	_____
	Tax ID Number	Estimated Monthly Sales Volume in Dollars	Years in Business
			Years at this Location
	_____	_____	_____
	Are you now in bankruptcy?	Have you ever declared bankruptcy?	Terms Requested
			Acceptable Delivery Times
Tell us about your Owners/Officers/Partners/Principals:			
_____		_____	
Name and Title		Name and Title	
_____		_____	
Home Address		Home Address	
_____		_____	
City, State, Zip Code		City, State, Zip Code	
_____		_____	
Phone Number		Phone Number	
_____		_____	
Email Address		Email Address	
_____		_____	
Social Security Number		Social Security Number	
_____		_____	
Driver's License Number and Issuing State		Driver's License Number and Issuing State	
Who knows you best?	Bank Reference:		
	_____		_____
	Bank Name	Loan Officer/Contact Person	Checking Account Number
	_____		_____
	Address	City, State, Zip Code	Loan Account Number
	_____		_____
	Phone Number	Email Address	
	Trade References: <i>(Food Distributors Preferred)</i>		
	_____		_____
	Name and Affiliation		Name and Affiliation
_____		_____	
Address		Address	
_____		_____	
City, State, Zip Code		City, State, Zip Code	
_____		_____	
Phone Number with Area Code		Phone Number with Area Code	

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Credit Authorization:

The above information is submitted only for the purpose of obtaining credit accomodation. Please sign below to authorize credit investigation.

Print Name

Title

Signature

Date

I (we) assume personal responsibility for and guarantee payment of all sums due and payable to M.J. Kellner Co., Inc. by the applicant above listed, including reasonable attorney's fees should the account be placed in the hands of an attorney for collection.

Print Name

Signature

Date

Print Name

Signature

Date

Certificate of Resale (Blanket Form)

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale and assumes liability for payment of Retailers' Occupation Tax, Service Occupation Tax, or Use Tax with respect to receipts from the resale of this property to users or consumers.

This certificate shall be considered a part of each order, which we shall give unless such order otherwise specifies

Name of Purchaser

Address of Purchaser

City, State, Zip Code

Signature of Purchaser or Authorized Agent

Date

2179-3042

Vendor Certificate of Registration

Purchaser Certificate of Registration

The undersigned certifies that they are liable for all taxes until a current copy of the Retailers' Occupation Tax is filed with M.J. Kellner Co., Inc.

Signature of Owner

**Let's Make This
 Official**

The Fine Print

Things to keep in mind:

*Credit application must be filled out completely in order to open an account.
 Please print your completed form and fax to 217-483-1790.
 M.J. Kellner is authorized to charge finance fees of 1.5% per month on past due accounts.*

Office Use Only

Must be filled out completely by Sales Representative

Sales Representative

Price Bracket

Credit Terms Requested

Credit Terms Approved

