

# 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: \_\_\_\_\_ Liquor License Number: \_\_\_\_\_

### 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**

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. 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.
- V. Purchaser agrees to notify Seller by certified mail of any change of ownership of Purchaser.
- VI. Seller reserves the right to modify payment terms at Seller's discretion.
- VII. 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.
- VIII. 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 \_\_\_\_\_ Date \_\_\_\_\_  
(Name of Purchaser)

\_\_\_\_\_  
(Title)

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Individually and as Guarantor)

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Individually and as Guarantor)

Witness \_\_\_\_\_  
(Print, to be witnessed by NHB representative)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Witness)

**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

B - HOSPITAL

C - NON PROFIT INST

D - PRIVATE NURSING HOME

E - SCHOOL

F - COLLEGE

G - GOVERNMENT

H - CHURCH

I - CAMP

J - DAY CARE

K - RETAIL MARKET

L - DELI/CARRY-OUT

M - TAVERN

N - DAIRY BAR/DRIVE-IN

O - FAST FOOD

P - CATERER

Q - FAMILY STYLE REST

R - HOTEL

S - CLUB

T - WHITE TABLECLOTH

U - SEAFOOD REST

V - ITALIAN REST

W - PIZZA

X - ASIAN REST

Y - WHOLESALE ACCT

Z - ALL OTHERS

2 - FRATERNITY

3 - CAFETERIA

4 - TRUCK STOP

5 - STEAK HOUSE

6 - INPLANT

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 \_\_\_\_\_