



725 River Road  
Suite 32-93  
Edgewater, NJ 07020  
TEL:(855) 360-1818 FAX:(877) 966-7248  
EMAIL:admin@superedibles.net

### NEW ACCOUNT INFORMATION SHEET

Date: \_\_\_\_\_ **Salesperson: superedibles.net** \_\_\_\_\_

Legal Name \_\_\_\_\_ Trade Name/DBA \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax Number \_\_\_\_\_

Date Of Organization \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_ Dun & Bradstreet# \_\_\_\_\_

P.A.C.A. # \_\_\_\_\_ **Company Type:**  Proprietorship  Partnership  Corporation

E-Mail Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Officer's Name(s) & (Title) \_\_\_\_\_

Officer's Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

**Type of Account:**  FOOD SERVICE  WHOLESALER  JOBBER  MANUFACTURER

The following individuals will be placing orders \_\_\_\_\_

Accounts Payable Person (s) \_\_\_\_\_ Phone# (if different) \_\_\_\_\_

Is special billing required? \_\_\_\_\_ Are purchase orders required to charge account? \_\_\_\_\_

Operating Hours \_\_\_\_\_ Earliest Delivery Time \_\_\_\_\_ Latest Delivery \_\_\_\_\_

No deliveries between \_\_\_\_\_ Delivery appointments required? \_\_\_ Are substitutes allowed? \_\_\_\_\_

Kosher required? \_\_\_ Can trailer back into dock? \_\_\_\_\_ Does customer have forklift? \_\_\_\_\_

Is there a different "ship to" address? (If so, please indicate) \_\_\_\_\_

Phone# to make delivery appointments \_\_\_\_\_ Contact Person \_\_\_\_\_

Buying Group Affiliation \_\_\_\_\_ P.O. Required ? \_\_\_\_\_

\_\_\_\_\_  
**Print Applicant's Name & Title**

\_\_\_\_\_  
**Signature of Applicant**



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CREDIT REFERENCES (PLEASE PROVIDE 3 BUSINESS REFERENCES)

1) Trade Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Monthly Dollar Volume \_\_\_\_\_

2) Trade Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Monthly Dollar Volume \_\_\_\_\_

3) Trade Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Monthly Dollar Volume \_\_\_\_\_

**\*\*Personal Guarantee,**

*I, the undersigned, personally and unconditionally guarantee the payment of all obligations now existing or hereafter arising by \_\_\_\_\_ to Supredibles INC DBA Superedibles, for merchandise purchased by me and/or anyone representing my firm. If placed in the hands of an attorney for collection, I agree to pay all attorney fees and additional costs including court costs incurred in order to enforce collection, and I agree that any dispute arising out of or related to this agreement shall be handled in any court of competent jurisdiction lying in either New York or New Jersey chosen at the discretion of Superedibles.*

\_\_\_\_\_  
Officer's Name

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

**⚡ APPLICATION MUST BE COMPLETELY FILLED OUT FOR TIMELY PROCESSING. ANY INFORMATION THAT IS NOT COMPLETED WILL DELAY AUTHORIZATION!! 🗨**



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## BANK AUTHORIZATION FORM

TO: \_\_\_\_\_ (Name & Address of Bank)

\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_

Account # \_\_\_\_\_ Checking / Savings (circle one)

To Whom It May Concern:

Please provide Superedibles with information regarding the credit and loan histories with your bank for the undersigned individual or company.

I hereby authorize the release of this information for credit purposes.

\_\_\_\_\_  
**Trade Name**

\_\_\_\_\_  
**Corporate Name**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Print name of person signing**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**