



DATE \_\_\_\_\_

SHIP TO:

BILL TO:

OWNERSHIP NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

(DBA) TRADE NAME \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_

ACCOUNTS PAYABLE PHONE NO \_\_\_\_\_

A/P FAX NO. \_\_\_\_\_

PRIMARY EMAIL \_\_\_\_\_

FAX NO. \_\_\_\_\_

ACCOUNTS PAYABLE EMAIL \_\_\_\_\_

NEW OWNER?  YES  NO PURCHASE DATE \_\_\_\_\_ LENGTH OF PRESENT OWNERSHIP \_\_\_\_\_

BUILDING/FACILITIES:  OWNED  LEASED OWNERS NAME \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_ IF LESS THAN 3 YEARS, GIVE FORMER ADDRESS \_\_\_\_\_

TAX EXEMPT:  YES  NO STATE TAX ID NUMBER \_\_\_\_\_

PROPRIETORSHIP  PARTNERSHIP  LIMITED PARTNERSHIP  CORPORATION  LIMITED LIABILITY COMPANY  NON-PROFIT

IF A CORPORATION, UNDER LAWS OF WHICH STATE? \_\_\_\_\_ DATE INCORPORATED \_\_\_\_\_ PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_

COUNTY WHERE LOCATED \_\_\_\_\_

IF A SUBSIDIARY-GIVE PARENT COMPANY ADDRESS AND PHONE NUMBER: \_\_\_\_\_

PROVIDE THE FOLLOWING INFORMATION FOR INDIVIDUAL PROPRIETORS, GENERAL PARTNERS OR CORPORATE OFFICERS:

**About Your Business**

NAME \_\_\_\_\_ NAME \_\_\_\_\_ NAME \_\_\_\_\_

TITLE \_\_\_\_\_ TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DRIVERS LICENSE NO. \_\_\_\_\_ DRIVERS LICENSE NO. \_\_\_\_\_ DRIVERS LICENSE NO. \_\_\_\_\_

HAVE ANY OF THE OWNERS, PARTNERS, OR CORPORATE OFFICERS FILED FOR BANKRUPTCY WITHIN THE LAST 7 YEARS? \_\_\_\_\_

IF SO, WHERE: \_\_\_\_\_

GENERAL INFORMATION: WEEKLY PURCHASES \$ \_\_\_\_\_ MONTHLY SALES VOLUME \$ \_\_\_\_\_

**Foodservice Requirements**

SEATING CAP: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

TERMS REQUESTED:  COD  NET 7

**Banking Information**

BANKING INFORMATION:

BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

LOAN OFFICER \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CHECKING ACCOUNT NO \_\_\_\_\_ BALANCE \_\_\_\_\_ LOANS ACCOUNT NO \_\_\_\_\_ BALANCE \_\_\_\_\_

REFERENCES (FOOD DISTRIBUTORS PREFERRED)

**References**

BUSINESS NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_



## Credit Terms & Conditions of RRS Foodservice

The undersigned ("Purchaser") agrees that all purchases from RRS Foodservice ("Seller") are subject to the following terms and conditions as well as all terms of any invoice for goods and services provided:

Purchaser verifies that all financial information furnished is true and correct and hereby grants permission for any person to furnish to Seller any and all information which may periodically be requested. Purchaser also agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by the Purchaser or by any person representing himself/herself, itself to be an agent, employee, or representative of the purchaser. Credit terms are at the absolute discretion of the Seller's Credit Department who may terminate, alter or deny credit without notice and without cause. All sales are Check or Money Order on delivery (COD) unless otherwise specified by the RRS Credit Department. All past due accounts accrue interest at the legal rate of 18% per annum on unpaid balance of each invoice. The accrual or payment of interest does not authorize the Purchaser to defer payment of any indebtedness beyond the credit terms stated herein. In the event of a suit or any other legal and/or administrative action brought by the parties herein to enforce their legal rights, the prevailing party thereunder is entitled to recovery of reasonable attorney's fees of thirty-three percent (33%) and court costs so incurred. Purchaser shall notify Seller by certified mail of any change in ownership or operation of Purchaser, or otherwise remain liable.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Personal Guaranty

The undersigned, for and in consideration of the extension of credit by RRS Foodservice, a division of J. L. Culpepper, & Co., Inc. (hereinafter referred to as "the Company"), to the above Purchaser, jointly and severally hereby personally guarantees to the Company the payment at 201 Haley Road in the State of Virginia 23005 or such other place as the Company may designate, of any obligation of the Purchaser and I/we hereby agree to bind myself/ ourselves to pay the Company on demand any such obligation that is due or may become due to the Company by the Borrower whenever the Borrower shall fail to pay the same. Additionally, I/we agree to pay attorney's fees of thirty-three percent (33%) and court costs, in the event the account is referred to an attorney for collection. It is understood that this guaranty shall be a continuing irrevocable guaranty and indemnity for such indebtedness of the Borrower to the Company incurred at any time on or before the date on which the Company receives my/our written notice notifying the Company that I/we will no longer guaranty and indemnify any future indebtedness incurred by the Borrower to the Company. Such notice shall not, however, relieve me/us of my/our obligations under this Personal Guaranty with respect to any indebtedness of Borrower to Company incurred at any time prior to Company's receipt of this notice. I/we hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed, waiving homestead and all other exemptions, stay of execution, and the right to appeal. This guaranty shall be binding upon the heirs, by the Company, its successors and assigns, including any entity to whom all or part of the Borrower's indebtedness may be sold or transferred; provided however, that in the event such sale or transfer covers only a part of the Borrower's indebtedness hereby guaranteed, the Company shall have the right to enforce this guaranty as to that portion of the Borrower's indebtedness retained and owed by the Borrower. All of the information is given for the purpose of obtaining credit. I/we hereby certify that the statements contained herein are true and correct, and authorize the Company to investigate my/our credit history. I/we must give 30 days written notice in the event I/we are no longer responsible for debt incurred by the business or remain liable.

Signature: _____	Signature: _____
Date: _____	Date: _____
Print Name: _____	Print Name: _____
Social Security #: _____	Social Security #: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Witness: _____	Witness: _____

Have you ever owned 25% or more of a business or entity that failed (including bankruptcy or receivership proceeding)? \_\_\_\_\_

If yes, provide a complete description on a separate page.

Have you ever signed any other personal guaranty for the above named entity? \_\_\_\_\_

### Approval (RRS Use Only)

Terms	Approved By	Date
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## ACCOUNT DELIVERY/CUSTOMER INFORMATION

**NOTE: This form MUST accompany the APPLICATION FOR CREDIT for ALL NEW ACCOUNTS**

Account Number

DSR's Name

DSR Sales #

Date

Account Name: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone (include Area Code & Ext.): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

EMail: \_\_\_\_\_

How will the orders be processed:

Sales Rep Remote: \_\_\_\_\_ Internet Ordering: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Yes No

Statements: \_\_\_\_\_ if yes, email or mail (circle one)

Substitutes: \_\_\_\_\_

Allowances/Deals: \_\_\_\_\_

Taxable: \_\_\_\_\_

Customer Type (Check one):

- |   |   |
|---|---|
| <input type="checkbox"/> BAK Bakery, Donut  | <input type="checkbox"/> BDS Bid Drop Ship  |
| <input type="checkbox"/> CAF Cafeteria, B&I   | <input type="checkbox"/> CAM Camp   |
| <input type="checkbox"/> CAT Catering   | <input type="checkbox"/> CGS Chain Grocery Store  |
| <input type="checkbox"/> COL College/University   | <input type="checkbox"/> CON C-Store, Retail Food   |
| <input type="checkbox"/> COR Jail/Prison/Detention Center   | <input type="checkbox"/> DCA DayCare, Summer Feeding  |
| <input type="checkbox"/> DIS Distributor, Food Bank   | <input type="checkbox"/> GRO Grocery Store  |
| <input type="checkbox"/> GOV Government/Military  | <input type="checkbox"/> H1 Healthcare, Hospital, Long Term Care, Senior Living, Senior Meals |
| <input type="checkbox"/> HOT Hotel, Motel   | <input type="checkbox"/> ICE Ice Cream  |
| <input type="checkbox"/> PRI Private Schools  | <input type="checkbox"/> PUB K-12   |
| <input type="checkbox"/> QSR Fast Casual, Counter Service, Food Truck   | <input type="checkbox"/> R1 Asian   |
| <input type="checkbox"/> R2 Bar & Grill   | <input type="checkbox"/> R3 Burger  |
| <input type="checkbox"/> R4 Country Club  | <input type="checkbox"/> R5 Family Casual   |
| <input type="checkbox"/> R6 Fine Dining   | <input type="checkbox"/> R7 French  |
| <input type="checkbox"/> R8 Greek   | <input type="checkbox"/> R9 Italian/Pizza/Pasta   |
| <input type="checkbox"/> R10 Mexican  | <input type="checkbox"/> R11 Restaurant/Bar   |
| <input type="checkbox"/> R12 Sandwich/Sub/Deli  | <input type="checkbox"/> R13 Seafood  |
| <input type="checkbox"/> R14 Steakhouse   | <input type="checkbox"/> SER Service/Social/Church, Civic, Community, Frat/Sor, Religious     |
| <input type="checkbox"/> SP1 Sports Venue, Concession Stand, Booster Club, Golf Course, Convention Center, Vending, Bowling, State Park | <input type="checkbox"/> THE Theme Park   |

### Delivery Instructions

Business Hours: Open: \_\_\_\_\_

Close: \_\_\_\_\_

Zone: \_\_\_\_\_

Call Days:

_____	Monday	_____ To _____	_____ To _____
_____	Tuesday	_____ To _____	_____ To _____
_____	Wednesday	_____ To _____	_____ To _____
_____	Thursday	_____ To _____	_____ To _____
_____	Friday	_____ To _____	_____ To _____
_____	Saturday	_____ To _____	_____ To _____
_____	Sunday	_____ To _____	_____ To _____

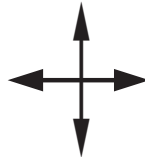
Requested Delivery Days/Times: (Minimum 4 hour delivery window)

Delivery Conditions:

- Platform
- Street Level
- Elevator
- Conveyor
- Palletized
- Key Drop
- Steps (If checked, how many \_\_\_\_\_)

Indicate Account location on the map and show relevant information.

Please indicate direction of North and South.



### Locator Map