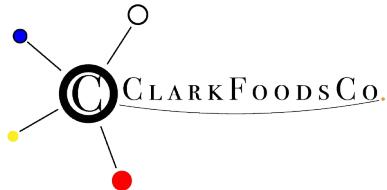


**ClarkFoodsCo.**  
**417 E. 31st Street**  
**Anderson IN, 460616**  
**765-221-9226**



### **New Customer Form**

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_ Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sales Manager)

**NEW CUSTOMER** \_\_\_\_\_ Date: \_\_\_\_\_  
 **EXPANSION OF CREDIT** \_\_\_\_\_  
(Credit Manager)

Sales Representative \_\_\_\_\_  
Territory Number \_\_\_\_\_

**NAME OF CUSTOMER** \_\_\_\_\_

(1) Bill-To-Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address for invoices \_\_\_\_\_

(1) Ship-To-Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SHIPPING  
INSTRUCTIONS** \_\_\_\_\_

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**PARENT COMPANY** (If Applicable) \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### **FINANCIAL INFORMATION**

**Federal Tax ID #** \_\_\_\_\_ **Dun & Bradstreet Number** \_\_\_\_\_  
**Exempt from Sales Tax: Yes or No (If yes, please provide exempt certificate )**  
**Accounts Payable Contact** \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Credit Terms Requested** \$ \_\_\_\_\_

**BANK REFERENCES**

Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax # \_\_\_\_\_  
1

**Trade References:**

Name	Address	City/State/Zip	Fax	Contact
1				
2				
3				
4				

**TERMS AND CONDITIONS**

1. The applicant hereby acknowledges that all charges incurred after extending credit shall be considered due and payable thirty (30) days from date of invoice and that payment shall be made at this time to the order of ClarkFoodSystems, LLC and forwarded to the designated address.
2. The applicant hereby authorizes ClarkFoodSystems, LLC., to perform any credit investigation deemed necessary to establish and maintain a credit account for the applicant. The applicant hereby authorizes the reporting of the above-mentioned information to ClarkFoodSystems, LLC., and their designees.
1. The applicant hereby consents to abide by all terms and conditions as set out on all invoices.
2. The applicant as a recognized business entity hereby consents to ClarkFoodSystems, LLC., obtaining an individual credit report if deemed warranted to extend trade credit.
3. Applicant agrees that if it defaults in payment in accordance with terms, it will pay all costs of collections, including but not limited to collection agency fees, reasonable attorney fees, court costs, filing fees and service fees.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**PRINTED NAME OF APPLICANT** \_\_\_\_\_

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

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

NOTES: