

NEW ACCOUNT & CREDIT APPLICATION

EXACT COMPANY NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
P.O. BOX	TELEPHONE	FAX	
SHIP TO (if different from above)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
AUTHORIZED PURCHASING AGENT			
ACCOUNTS PAYABLE PRIMARY CONTACT	PHONE	EXT.	FAX
SECONDARY CONTACT	PHONE	EXT.	FAX
PRINCIPAL LINE OF BUSINESS			
ESTABLISHED	ANNUAL SALES	ESTIMATED MONTHLY PURCHASES FROM EDIST	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> OTHER
NUMBER OF EMPLOYEES	FED ID NUMBER		
ARE P.O. NUMBERS REQUIRED ON YOUR ORDERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EMAIL ADDRESS	EMAIL ADDRESS WHERE INVOICES ARE TO BE MAILED	WEB ADDRESS	DUN & BRADSTREET NUMBER

PLEASE SUPPLY THE FOLLOWING INFORMATION FOR EACH PRINCIPAL OF THE COMPANY

NAME	
TITLE	
DATE OF BIRTH	
SOCIAL SECURITY NUMBER	
HOME ADDRESS	
CITY, STATE & ZIP	
HOME PHONE NUMBER	

TAX EXEMPT: CHECK ONE

YES NO

If yes, please submit Tax Certificate.
Optional: Please submit a financial statement.

**SUBMIT ALL COMPLETED FORMS TO EDIST
BY FAX AT 201-512-9913 OR BY EMAIL AT
CREDIT@EDIST.COM**

FOR OFFICE USE ONLY:

ACCOUNT # _____

CREDIT LINE _____

CREDIT TERMS _____

DATE _____

APPROVED BY _____

BUSINESS REFERENCES THAT EXTEND CREDIT TO YOU

Give complete names and addresses of trade references. Please do not submit credit card companies. They do not confirm.

NAME	NAME
ADDRESS	ADDRESS
ACCOUNT NUMBER	ACCOUNT NUMBER
PHONE	PHONE
FAX	FAX
CONTACT	CONTACT
NAME	NAME
ADDRESS	ADDRESS
ACCOUNT NUMBER	ACCOUNT NUMBER
PHONE	PHONE
FAX	FAX
CONTACT	CONTACT

CHECKING ACCOUNT

BANK

BANK ADDRESS

ACCOUNT NUMBER

PHONE

FAX

CONTACT

AUTHORIZED SIGNERS

LOAN ACCOUNT

BANK

BANK ADDRESS

ACCOUNT NUMBER

PHONE

FAX

CONTACT

SAVINGS ACCOUNT

BANK

BANK ADDRESS

ACCOUNT NUMBER

PHONE

FAX

CONTACT

CREDIT CARD AUTHORIZATION

In the event my account goes out of terms, eDist has my authorization to apply charges to the following: VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS account(s):

VISA	A/C #	EXP. DATE	AUTHORIZED SIGNATURE
AMEX	A/C #	EXP. DATE	AUTHORIZED SIGNATURE
DISCOVER	A/C #	EXP. DATE	AUTHORIZED SIGNATURE
MASTERCARD	A/C #	EXP. DATE	AUTHORIZED SIGNATURE

REQUIRED: PLEASE SIGN.

Signature required by an Officer, Principal or Owner of Company. I certify that all the above information is true. I authorize Deerfield Distributing Inc., and any subsidiary or related party thereof, including but not limited to, eDist Business, LLC., DBA eDist Business ("eDist"), to contact any named source above, or any other credit bureau, or source, to verify any data on the Company and or its Officers, Principals, or Owners. I am aware that eDist will rely upon this information, and continual monitoring thereof, in extending credit to me. The above information may be used in collection of debt, in the event of non-payment, I agree to pay interest plus any legal or collection fees incurred by eDist, in the minimum sum of 33% of the principal amount due, plus applicable interest, as part of my debt. I further agree that the laws of New Jersey shall apply to all issues arising between us. I agree to the exclusive jurisdiction of the courts of the State of New Jersey as to all disputes between us. My account privileges may be cancelled or altered by eDist at any time. I agree to eDist's terms and conditions as posted on the eDist website: <https://business.edist.com/>.

SIGNATURE _____ TITLE / POSITION HELD _____ DATE _____

PRINT NAME _____

OPTIONAL: SIGN AT YOUR DISCRETION.

I hereby personally and unconditionally guarantee the payment of any and all amounts due from this applicant to eDist. No modifications or extensions of credit to applicant shall affect my guaranty, and I waive any notice of any such change in credit terms and of any default. I agree to all of the above terms and conditions agreed to by the applicant as part of my guaranty and incorporate them herein.

SIGNATURE _____ TITLE / POSITION HELD _____ DATE _____

PRINT NAME _____