



**NEW CUSTOMER ACCOUNT INFORMATION**

**LEGAL BUSINESS NAME:** \_\_\_\_\_

DBA ("Doing Business As") if different: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU AUTHORIZED TO MAKE PAYMENTS ON YOUR ACCOUNT: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT:** \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**METHOD OF PAYMENT:** CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ ELECTRONIC CHECK \_\_\_\_\_

DAY OF MONTH TO AUTO CHARGE ACCOUNT: \_\_\_\_\_

**EMAIL MONTHLY STATEMENTS TO:** \_\_\_\_\_

**TAX EXEMPT:** YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Tax Exempt Form attached: YES \_\_\_\_\_ DATE \_\_\_\_\_

**FOOD PROGRAM:** YES \_\_\_\_\_ NO \_\_\_\_\_ **WEBSITE ADDRESS:** \_\_\_\_\_

**ADDITIONAL SHIP TO ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ADDITIONAL CONTACT:** \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ADDITIONAL NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUNBEAM FOODS, INC. 3324 DILIDO RD DALLAS, TX 75228**

**PHONE: 214-324-4086 FAX: 214-321-2576 EMAIL: [INFO@SUNBEAMFOODSINC.COM](mailto:INFO@SUNBEAMFOODSINC.COM)**

**FINANCIAL INFORMATION:**

BANK NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**TRADE REFERENCES:** (minimum of 2 required)

1. COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FEDERAL TAX ID: \_\_\_\_\_ ESTIMATED CREDIT LINE REQUESTED: \$ \_\_\_\_\_

TYPE OF BUSINESS: CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ S CORP \_\_\_\_\_

YEAR BUSINESS ESTABLISHED: \_\_\_\_\_

**TERMS AND CONDITIONS:**

CREDIT TERMS MAY BE SUSPENDED BY SUNBEAM FOODS, INC. IF THIS ACCOUNT IS PAST DUE. ANY FINANCE CHARGES AND/OR COLLECTION FEES ASSESSED TO YOUR ACCOUNT WILL BE YOUR RESPONSIBILITY.

I AUTHORIZE THE ABOVE LISTED BANK AND TRADE REFERENCES TO RELEASE ANY CREDIT OR FINANCIAL INFORMATION REQUESTED BY SUNBEAM FOODS, INC.

I AGREE TO REMIT PAYMENT PROMPTLY ACCORDING TO THE TERMS OF SALE INDICATED ON EACH INVOICE AND FURTHER AGREE TO COMPLY WITH THE ABOVE TERMS.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE.

**PRINT NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_