

# Newman's Fish Foods

37 George St. Hackensack N.J. 07601 (201)342-8280 Fax (201)342-5773

## CUSTOMER APPLICATION

Customer #  
Office Use only

### Welcome to Newman's Fish Foods

Thank you for considering Newman's Fish Foods as your Aquatic, Reptile and Small animal distributor. We look forward to a long and agreeable relationship with you.

The attached sales tax form should also be completed;

We would like to take this opportunity to mention a few things regarding our terms:

All new accounts are sold to on a cash or certified check basis only, (bank check, money order accepted). In order for payment to be by regular company check, this application must be filled in and the approval process completed. This process takes approximately six (1) weeks. Clearing of your reference information does NOT imply or give "credit" with Fauna Foods, it simply allows the use of your regular business check as your payment for your orders. **ALL ORDERS ARE NORMALLY C.O.D.** The entire form must be completed and signed; if not, processing will be delayed.

If your check is returned to us due to insufficient or uncollected funds, your account will be charged a **\$35.00** fee and **PLACED ON CASH OR CERTIFIED CHECK BASIS FOR THREE (1) MONTH**. All costs associated with collection of payment are at the expense of the customer, including collection agency costs, court costs, legal costs and interest on the unpaid balance at the maximum legal rate.

There is a **\$25.00** re-delivery/re-stocking charge for returned orders.

TAX IDENTIFICATION NUMBER or Owners Social Security #:
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Store Hours: A.M. _____ P.M.
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### STORE INFORMATION:

Business Name \_\_\_\_\_ Incorporated? Y/N

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

County/Town \_\_\_\_\_ EMAIL \_\_\_\_\_

Shipping Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_

For emergencies only	
Principal's Name _____	Phone _____
Home Address _____	State _____ Zip _____
Manager's Name _____	Phone _____
Home Address _____	State _____ Zip _____

### Business References and Information

1) Vendor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2) Vendor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Stat \_\_\_\_\_ Zip \_\_\_\_\_

3) Bank Reference = See attached

4) Sales Tax Yes No If NO, the attached resale Certificate (ST-120) must be completed

5) Type of business

Garden Center Pet/food store Maintenance Breeder Other \_\_\_\_\_

In order to induce Newman's Fish Foods to accept company checks in payment for shipments or to otherwise extend credit, the undersigned, hereby unconditionally and absolutely guarantees the payment of any such checks or extended credit, including all costs of collection of such amounts. This is a guarantee of payment rather than of collection. The undersigned attests that all information provided is correct.

Signature \_\_\_\_\_

Print Name

Date

Please Fax This Page to: (201)342-5773

Original Signed Application Must Be Returned Before 2<sup>nd</sup> Delivery



**BANK CREDIT INQUIRY**    Date: \_\_\_\_\_

**Bank Information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact Office \_\_\_\_\_  
Bank Account # \_\_\_\_\_

**Customer Information and Authorization**

Business Name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Principal's name \_\_\_\_\_

I \_\_\_\_\_, an authorized signature on the above account request any bank to release information that they may have about my business and about their experience with my business to Newman's Fish Foods.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Customer Credit Card**

**Business name** \_\_\_\_\_  
**Name on card** \_\_\_\_\_  
**Billing address** \_\_\_\_\_  
**Card #** \_\_\_\_\_  
**Exp date** \_\_\_\_\_    **Type of card** \_\_\_\_\_    **Code** \_\_\_\_\_

**I authorize the use of this credit card for any and all invoices that are left open for more than 30 days dating.**    Signature \_\_\_\_\_

When Completed Please Fax This Form to:

**Newman's Fish Foods**  
Attention: Accounts Receivable  
(201) 342-5773