



CREDIT APPLICATION

OFFICE USE ONLY		Customer # _____
Approved _____	Amount _____	Terms _____
Decline _____	Comments _____	By: _____

Business Name _____ Date _____

Business Address _____

City _____ State _____ Zip _____

Contact _____ Phone No. _____ Fax No. _____

e-mail _____ Web site _____

Business Structure:

- Corporation - FEIN # _____
- Sole Proprietorship – (Personal Guarantee Form Required)
- Partnership -- (Personal Guarantee Form Required)

BANK REFERENCE	
Bank Name _____	Account No. _____
Bank Address _____	City _____ State/Zip _____
Contact Name _____	Phone No. _____ Date Opened _____

TRADES/SUPPLIERS	
1. Name _____	Contact _____ Phone No. _____ Fax No. _____
Address _____	Account/Customer No. _____
2. Name _____	Contact _____ Phone No. _____ Fax No. _____
Address _____	Account/Customer No. _____
3. Name _____	Contact _____ Phone No. _____ Fax # _____
Address _____	Account/Customer No. _____

Has the business or any of its Principals/Owners ever filed bankruptcy? Yes No

<i>I hereby certify that all information contained in this application and all attachments is true and complete. I further personally certify that I am duly authorized to make this application and allow verification of all the information listed above.</i>	
Authorized Signature _____	Print Name _____
Title _____	Date _____



BANK REFERENCE AUTHORIZATION

- Pay by check authorization
- Line of credit request/review

Customer Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax #: _____

Bank Name: _____

Address: _____

Attention: _____

Fax #: _____

***PLEASE EXCEPT THIS FORM AS AUTHORIZATION TO RELEASE GENERAL
ACCOUNT INFORMATION TO BANNER WHOLESALE GROCERS FOR***

ACCOUNT # _____

Authorized Signature _____ Print Name _____



BANNER Wholesale Grocer
3000 South Ashland Avenue Suite #300 Chicago, IL 60608
Phone 312-421-2650 Fax: 312-421-1257 Toll Free 800-587-7549
www.bannerwholesale.com

PERSONAL GUARANTEE

The undersigned in consideration for the extension of credit to said customer hereby agrees to personally guarantee all liabilities for payment of the named customer's account and further guarantees payment of any monies that may become due. The guarantor also understands that credit would not be extended to the named organizations without this personal guarantee.

Business Name

Printed name of guarantor

Social Security # of guarantor

Current home address, City, State and Zip Code

()

Current Home Phone #

Signature of guarantor

Date



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REGISTRATION FORM

Store Name _____ **Phone #** ____ - ____ - ____

Store Address _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Contact _____ **Phone** _____ **Fax.** _____

E-mail _____ **Web site** _____

Date Business Was Acquired _____

Resale Tax # _____

If you do not possess a current State Resale Tax Certificate Banner Wholesale is required to charge the appropriate Illinois Sales and Use Taxes on your invoice.

If you are not an Illinois Business Entity Please fax a copy of your State Resale Tax Certificate along with this form to Diane Trujillo at Fax #312-421-1257.

Ownership Information:

Present Name/Owner _____ **Home Phone** ____ - ____ - ____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Birthdate __/__/__ **Driver License #** ____ - ____ - ____ **Social Sec. #** ____ - ____ - ____

Has this store previously purchased from Banner? Yes No

If yes, please provide:

Store Name _____ **Phone #** ____ - ____ - ____

Store Address _____ **City** _____ **State** _____ **Zip** _____

Signature _____ **Printed Name** _____