



Credit Application must be filled out completely to open account. Please print and fax to (217) 483-1790

5700 International Parkway Springfield, IL 62711 Phone: (866) 634-0515 Fax: (217) 483-1790

Generations of good taste.

CONFIDENTIAL CREDIT APPLICATION

Business Trade Name: _____

Corporate Name: _____ Tax ID # _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: () _____ Fax: () _____

- Corporation Partnership Proprietorship Restaurant Healthcare Hospital Fast Food Tavern Vending Catering Daycare Club Government

Estimated monthly sales volume in \$ _____ Acceptable Delivery Times: _____

* Years in business: _____ Years at this location: _____ Terms requested: _____

Are you now in bankruptcy? _____ Have you ever declared bankruptcy? _____

Bank Reference: _____ Account Number: _____

TRADE REFERENCES: (Minimum of 2 references required)

Name Address Phone # w/Area Code

OWNERS, OFFICERS, PARTNERS, AND/OR PRINCIPALS: (Please Print)

Name: _____ Position: _____ Social Security #: _____

Home Address: _____ City, State, Zip: _____

Email Address: _____ Home Telephone #: _____

Name: _____ Position: _____ Social Security #: _____

Home Address: _____ City, State, Zip: _____

Email Address: _____ Home Telephone #: _____

The above information is submitted only for the purpose of obtaining credit accommodation. Please sign below to authorize credit investigation.

Print Name: _____

Signature (with title): _____ Date: _____

I (we) assume personal responsibility for and guarantee payment of all sums due and payable to M.J. Kellner Co., Inc. by the applicant above listed, including reasonable attorney's fees should the account be placed in the hands of an attorney for collection.

Print Name: _____

Signature : _____ Date: _____

Print Name: _____

Signature : _____ Date: _____

M.J. Kellner is authorized to charge finance fees of 1 1/2% per month on past due accounts.

CERTIFICATE OF RESALE (Blanket Form)

To: M.J. Kellner Co., Inc. (name of vendor)

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale, and assumes liability for payment of Retailers' Occupation Tax, Service Occupation Tax or Use Tax with respect to receipts from the resale of this property to users or consumers.

This certificate shall be considered a part of each order which we shall give, unless such order otherwise specifies.

Purchaser's Name: _____ Date: _____

Address of Purchaser: _____

City: _____ State: _____ Zip Code: _____

Signature of Purchaser _____

(or Authorized Agent)

Certificate of Registration: 2179-3042

Certificate of Registration: _____

(Number of Vendor)

(Number of Purchaser)

The undersigned certifies that they are liable for all taxes until a current copy of the Retailers' Occupation Tax is filed with M.J. Kellner, Co., Inc.

Signature of Owner _____

For Office Use Only

Must be filled out completely by Sales Rep.



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Sales Representative: _____

Price Bracket: _____

Credit Terms Requested: _____

Credit Terms Approved: _____