



Customer Account Application

M.J. Kellner Co., Inc.
5700 International Parkway
Springfield, IL 62711

Phone: 217.483.1700
Fax: 217.483.1790
www.mjkellner.com

M.J. Kellner Co., Inc. Customer Account Application

Credit application must be filled out completely and legible in order to process the application

Sales rep: _____	Date: _____	Account #: _____
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TELL US ABOUT YOUR BUSINESS

SHIPPING INFORMATION:		
DBA Trade Name _____		Phone Number _____
Address _____	City, State, Zip Code _____	Fax Number _____
Accounts Payable Contact Name _____		A/P Email Address _____
BILLING INFORMATION: (if different than above)		
Corporate Name of Company _____		Phone Number _____
Address _____	City, State, Zip Code _____	Fax Number _____

INFORMATION ABOUT YOUR ORGANIZATION:			
Organization type-check one Corporation Partnership Proprietorship LLC		Circle all that apply for your type of business:	
If corporation -year incorporated: _____		Restaurant Daycare	Healthcare Club
		Catering Tavern	Hospital Government
Federal Tax I.D. #/Social Security # _____	Have you ever declared bankruptcy? _____	Years in Business _____	Years at Location _____
Name and Title (Owner/Officer/Partner/other) _____		Name and Title (Owner/Officer/Partner/other) _____	
Home Address _____		Home Address _____	
City, State, Zip Code _____		City, State, Zip Code _____	
Phone Number _____		Phone Number _____	
Email Address _____		Email Address _____	
Driver's License Number and Issuing State _____		Driver's License Number and Issuing State _____	

BANK REFERENCE:		
Bank Name _____	Loan Officer/Contact Person _____	Checking Account Number _____
Address _____	City, State, Zip Code _____	Loan Account Number _____
Phone Number _____	Email Address _____	

TRADE REFERENCES:	
Business Name/Contact _____	Business Name/Contact _____
Address _____	Address _____
City, State, Zip Code _____	City, State, Zip Code _____
Phone Number with Area Code/Email Address _____	Phone Number with Area Code/Email Address _____

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TERMS AND CONDITIONS:

By signing this application, the Customer agrees to the following terms and conditions. M.J. Kellner Co., Inc., is authorized to contact all the references listed above and any of the owners/partners/officers regarding the credit standing of the Customer. M.J. Kellner Co., Inc. may periodically review and update the credit information. Customer agrees to pay each invoice according to the terms granted on each invoice. If the account is not paid according to the terms, M.J. Kellner Co., Inc. has the right to assess interest at the rate of 1.5% per month on past due accounts. M.J. Kellner may also hold further shipments or not grant further credit until the account balance is paid satisfactorily. M.J. Kellner Co., Inc. may pursue legal action against any Customer and Guarantor. All costs of collection and the amount due, including attorney fees will be included in the amount due M.J. Kellner Co., Inc.. The Customer agrees to notify M.J. Kellner Co., Inc. of any changes in ownership.

Print Name	Title
Typed signature acts as personal signature	Date
Print Name	Title
Typed signature acts as personal signature	Date

GUARANTY:

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 with an attorney for collection.

Print Name	Typed signature acts as personal signature	Date
Print Name	Typed signature acts as personal signature	Date

STATE SALES USE TAX CERTIFICATE

The undersigned hereby certifies that all tangible personal property hereafter purchased by the customer 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 unless such order specifies differently. If incomplete, Customer will be charged sales tax.

Name of Purchaser	
Address of Purchaser	
City, State, Zip Code	
Purchaser Certificate of Registration Number/ Illinois Resale Number (ex: 8 digits, 1234-5678)	
Signature of Purchaser or Authorized Agent (Typed signature acts as personal signature)	Date

[Return completed form to your sales representative or you may email the form to payments@mjkellner.com](mailto:payments@mjkellner.com)

* Complete the ACH/Direct Deposit Authorization form on the back page*



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ACH/Direct Debit Authorization

Customer Information Needed:

Name: _____

Street Address: _____

City, State, Zip: _____

PAYMENT OPTION:

WEEKLY – balance to be processed on... (choose one)

___ MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY

Bank Information Needed (or ATTACH A VOIDED CHECK):

Bank Name: _____

Routing Number (9digits): _____

Account Number: _____

I hereby authorize M.J. Kellner Co., Inc. to debit my bank account according to the instructions above until these directions have been revoked in writing.

Signature (Typed signature acts as Personal Signature)

Date

Notification email address: _____

- An email will be sent to you stating the amount of the ACH transaction and invoice(s) being paid.

** Please allow up to two business days for payment activity to appear in your bank account.*

EMAIL COMPLETED APPLICATION TO PAYMENTS@MJKELLNER.COM