



Customer Account Application

M.J. Kellner Co., Inc
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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 #: _____

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 Check the box that applies for your type of business:
Corporation Partnership Proprietorship LLC Restaurant Healthcare Catering Hospital Other
If corporation -year incorporated: _____ Daycare Club Tavern 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	
2179-3042	
Vendor Certificate of Registration Number	Purchaser Certificate of Registration Number
Typed Signature of Purchaser or Authorized Agent acts as personal signature	Date

Return completed form to your sales representative or you may email the form to payments@mjkellner.com

Complete the ACH/Direct Deposit Authorization form on the next page

M.J. Kellner Co., Inc.
ACH/Direct Debit Authorization

Customer Information Needed:

Name: _____

Street Address: _____

City, State, Zip: _____

OPTION 1:

Weekly – to be processed on: Monday Tuesday Wednesday Thursday Friday

Amount to Be Deducted (*no set amount – will vary depending on choice below*):

Total Balance Due OR Previous Week's Purchase(s)

OPTION 2:

Immediate Deduction (Immediate Deduction looks at your account daily and gathers all invoices due “today” and creates a payment transaction for the total amount. With this option you could have multiple transactions in a week.)

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