



FOOD SERVICE EQ. CO., INC.
 72 BEADEL ST. BKLYN, NY 11222
 tel (718)388-5650 fax (718)388-5860

NEW ACCOUNT QUESTIONNAIRE/APPLICATION

(Complete three pages of the application) Allow four weeks to process this application
 Please send a copy of your sales tax exemption certificate with the completed application

(Please Type) Date _____

Company Name _____ Since _____
 (Date)

Street _____ City _____

State _____ Zip _____ Phone Number(s) _____

Fax Number _____ Email _____

PERSONNEL	NAME	EMAIL
NAME OF PRINCIPAL	_____	
SALES MANAGER	_____	
BUYER	_____	
ACCOUNTS PAYABLE	_____	
Preferred method of invoice delivery (choose one)	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email	

1. What market area do you serve? _____
2. How many sales people do you have? _____
3. Primary business activity _____
4. Who delivers and sets up the equipment you sell? _____
5. Who services the gas equipment you sell? _____
6. Name of any buying groups you're a member of: _____
7. Sales channels: Brick & Mortar Online/E-commerce _____

TRADE / CREDIT REFERENCES

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ TEL #: _____

CONTACT NAME: _____ EMAIL: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ TEL #: _____

CONTACT NAME: _____ EMAIL: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ TEL #: _____

CONTACT NAME: _____ EMAIL: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ TEL #: _____

CONTACT NAME: _____ EMAIL: _____

YOU MUST PROVIDE CONTACT NAME AND EMAIL!

WILL YOU ACCEPT FIRST ORDER C.O.D PENDING CHECKING OF REFERENCE YES NO

REMARKS _____

RESALE TAX NUMBER: _____

AMOUNT OF CREDIT REQUESTED PER 30 DAY PERIOD \$ _____

BANKING INFORMATION:

_____	_____
Bank Name	Account Number
_____	_____
Street Address	Bank Officer
_____	_____
City	State Zip
_____	_____
Phone Number	Email

Have you ever borrowed from this Bank? _____ If yes, when and how much? _____

Are there any liens, loans or mortgage outstanding? _____ If yes, give details _____

I authorize Town Food Service Equipment Co., Inc. to contact my bank and any other reference given. I understand the information obtained will be held in the strictest confidence.

SIGNED: _____

TITLE: _____

DATE: _____

TERM OF SALE: Net 30 days, payable in New York City, at Town Food Service Equipment Co., Inc. 72 Beadel Street, Brooklyn, NY 11222. Invoices not paid within terms are subject to service charge of 1.5% per month. Returns must be authorized and are subject to restocking service charge. All returns are subject to inspection prior to issuance of credit. Merchandise sold on the basis of expressed agreement or purchase, that, for the purpose of securing payment of the purchase price, seller, Town Food Service Equipment Co., Inc. reserves title thereto, and shall have a security interest in said property until the entire purchase price is paid. In the event of default, the seller shall have the right to declare the entire account immediately due and payable. In addition, seller, agent or officer of the law may take possession without notice or demand. Purchaser agrees to pay costs of locating said property, repairs, storage, liens, expense of resale and reasonable attorney fees or not less than 30% of amount due and unpaid.