Superior Foods Co.

P.O. Box 888350
Grand Rapids, MI 49588-8350

Phone (616-698-7700)

email completed form
ar@superiorfoods.co (not .com)
Fax Number
(616) 698-1042

This application for credit must be completed in full and signed by the principal owner(s), or officer(s) of your corporation or company.
Thank you for the time taken to provide this important information about you and your business.

BILL TO ADDRESS	SHIP TO ADDRESS (if same, leave blank)
Trade Name of Business	Trade Name of Business
Number Street	Number Street
City State Zip	City State Zip
Contact Person for Billing	Contact Person for Billing
Email: for Statements	Email:
Phone Fax	Phone Fax

TYPE OF BUSINESS

Restaurant-Fine Dining ❑ Family ❑ Fast Food ❑
Institution – Type _____
Date Started _____
Building Owned ❑ Leased ❑ Rented ❑
Mortgage/Lender (name) _____
Equipment Owned ❑ Leased ❑ Lessor (name) _____
Insurance Carrier _____ Agency Name

Other – Type _____
Estimated Annual Sales _____
Lessor/Renter (name) _____
_____
_____ City State Zip

Bank 1) _____ Branch Location _____

Checking Account No. _____ Savings Yes ❑ No ❑ Loan Yes ❑ No ❑

Person(s) Authorized to Sign Checks

Trade References

Name	Address	Phone	Amt. Owed	Terms
Name	Address	Phone	Amt. Owed	Terms
Name	Address	Phone	Amt. Owed	Terms

For the purpose of obtaining Open Account Credit, I (We) state the above information is true and correct.

The parties hereby agree that all purchases are subject to the following terms and conditions:

Payments are to be sent to: Superior Foods, P.O. Box 888350, Grand Rapids, Michigan 49588-8350, in accordance with the Credit Terms that are granted. I (We) agree to pay 1½ % per month, annual percentage rate of 18%, Time – Price Differential Charge on my amount past due 30 days and over.

I (We) understand returned checks will result in a $30.00 assessment which must be paid immediately. Superior Foods shall have the right to demand payment of the return check(s) in CASH or CERTIFIED funds or MONEY ORDER within forty-eight (48) hours.

It is further agreed that the undersigned will pay all collection agency fees and reasonable attorneys fees, that may become necessary to effect collection of this account.

All new accounts will be shipped C.O.D. until credit is approved by the Credit Office

Signature(s) required

Date Signed By Printed Name Owner/Officer

COMPLETE IF INDIVIDUAL OR PARTNERSHIP

#1 Principal (Owner) Home Street City Phone

#1 Principal (Owner) Home Street City Phone

Does your spouse own❑ Take part❑ in the business? No _____

What percentage of ownership _____? Spouse's Name _____

If more than two (2) principal owners, list other on last page.

COMPLETE IF CORPORATION

Corporate Name

No. Street City State Phone

President Home Street City

Vice President Home Street City

Secretary/Treasurer Home Street City

INDIVIDUAL/JOINT PERSONAL GUARANTEE

To: Superior Foods Co.

I (We), _____, residing at

_____,in order
Number Street City State Zip Phone

to induce Superior Foods\ extend open account credit to _____

_____ (here in after referred to
Corporate Name

as "Company") of which I have direct financial interest and /or for which I am an officer or agent, do hereby guarantee payment to you of all indebtedness of any sum due from the company fails to pay same upon demand. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement. If any balance it turned over to a collection agency or an attorney for collection, I (we) agree to pay actual reasonable attorney fees, normally estimated to be 40% of the balance due, which is standard in the industry, plus all other collection costs. The parties hereto agree and consent to venue in Kent County, Michigan for any lawsuit to be filed to enforce the obligation in this agreement.

_____ Print Name

_____ Guarantor's Signature

_____ Witness

_____ Print Name

_____ Guarantor's Signature

_____ Date

For Office Use Only

Account Number _____ Letter Sent _____

Date Opened _____ Opened By _____

Terms Granted _____ estimate wkly sales $

Account Rep. _____ Terms Req. _____

CUSTOMER DELIVERY INSTRUCTIONS

Company Name: _____ Compass Sector Unit #: _____

Street Address: _____

City, State & Zip Code: _____

Business Telephone #: _____

Second Telephone #: _____

Receiving Hours (Earliest Possible Time): _____ A.M. _____ P.M.

Delivery Window (1): _____

Delivery Window (2): _____

Delivery Instructions: Please describe specific details for a driver not familiar with your business.

_____

Alarm Code (if present): _____ Key Drop/Key Box Code: _____

Chef/Manager: _____

Chef Email address: _____

Sales Rep: _____

Date: _____

Superior Foods. Co | 4243 Broadmoor S.E. | Grand Rapids, MI | 49512-3934 |
Phone (616) 698-7700

SUPERIOR FOODS CO.

SUPERIOR

SUPERIOR
FOODS COMPANY

Authorization for Direct Payment

I _____ (Print Name) authorize _____ (Company/Organization) and my financial institution listed below to initiate a debit entries to my checking/ savings account. This authority will remain in effect until I have canceled it in writing in such manner as to afford (Company/Organization) and it's Financial Institution a reasonable opportunity to act on it. I can also stop payment of any entry by notifying my financial institution 3 days before my account is charged. I acknowledge that the origination of the ACH transaction(s) to my account must comply with the provisions of U.S. law.

Name

Email (for receipts)

Date:

Signature

Financial Institution:

Bank Transit Routing Number:

Bank Address:

Bank Account Number

City/State/Zip:

City | Select | Zip

☐ **Checking** ☐ **Savings** (select one)

PLEASE STAPLE VOIDED CHECK HERE

SUPERIOR

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FOODS COMPANY

Authorization for Credit Card Payment Processing

Date:

Customer Name:

Customer Number:

Name on Credit Card:

Type of Credit Card: Select

Credit Card Number:

Expiration Date:

3-Digit Code (VISA/MC) or 4-Digit (AmEx):

Billing Street Address:

Zip Code:

I authorize Superior Foods Company to process a weekly credit card payment for my account.

Signature: City

Printed Name: Zip

Contact Phone Number:

Contact Email (for receipts):