



& Affiliated Companies

TEL: (201)-804-7633 FAX: (201)-804-7683

NEW ACCOUNT INFORMATION SHEET

Date: Salesperson:

Legal Name Trade Name/DBA

Address Phone Number

City, State, Zip Fax Number

Date Of Organization Federal Tax ID # Dun & Bradstreet#

P.A.C.A. # Company Type: Proprietorship Partnership Corporation

E-Mail Address:

Web Address:

Officer's Name(s) & (Title)

Officer's Home Address

Home Phone # Social Security #

Type of Account: WHOLESALER JOBBER MANUFACTURER

The following individuals will be placing orders

Accounts Payable Person (s) Phone# (if different)

Is special billing required? Are purchase orders required to charge account?

Operating Hours Earliest Delivery Time Latest Delivery

No deliveries between Delivery appointments required? Are substitutes allowed?

Kosher (U) required? Can trailer back into dock? Does customer have forklift?

Is there a different "ship to" address? (If so, please indicate)

Phone# to make delivery appointments Contact Person

Buying Group Affiliation P.O. Required ?

Print Applicant's Name & Title

Signature of Applicant



**CREDIT REFERENCES (PLEASE PROVIDE 5 BUSINESS-RELATED REFERENCES)**

|                        |                        |                        |
|------------------------|------------------------|------------------------|
| 1. Trade Name _____    | 2. Trade Name _____    | 3. Trade Name _____    |
| Address _____          | Address _____          | Address _____          |
| City, State, Zip _____ | City, State, Zip _____ | City, State, Zip _____ |
| Phone# _____           | Phone# _____           | Phone# _____           |
| Fax# _____             | Fax# _____             | Fax# _____             |
| Contact Person _____   | Contact Person _____   | Contact Person _____   |
|                        |                        |                        |
| 4. Trade Name _____    | 5. Trade Name _____    |                        |
| Address _____          | Address _____          |                        |
| City, State, Zip _____ | City, State, Zip _____ |                        |
| Phone# _____           | Phone# _____           |                        |
| Fax# _____             | Fax# _____             |                        |
| Contact Person _____   | Contact Person _____   |                        |

**\*\*Personal Guarantee,**

*I, the undersigned, personally and unconditionally guarantee the payment of all obligations now existing or hereafter arising by \_\_\_\_\_ to Reddy Raw and Affiliated Companies which include Reddy Raw Inc., Idaho Freez Pak Corp., and H & H Purveyors Ltd., for merchandise purchased by me and/or anyone representing my firm. If placed in the hands of an attorney for collection I agree to pay all attorney fees and additional costs including court costs incurred in order to enforce collection, and I agree that any dispute arising out of or related to this agreement shall be handled in any court of competent jurisdiction lying in either New York or New Jersey chosen at the discretion of Reddy Raw and Affiliated Companies.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**☞ APPLICATION MUST BE COMPLETELY FILLED OUT FOR TIMELY PROCESSING. ANY INFORMATION THAT IS NOT COMPLETED WILL DELAY AUTHORIZATION!! ☞**

**PLEASE PROVIDE DIRECTIONS TO YOUR FACILITY:**

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## BANK AUTHORIZATION FORM

**TO:** \_\_\_\_\_ (Name & Address of Bank)  
\_\_\_\_\_  
\_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Account #** \_\_\_\_\_ Checking / Savings (circle one)

To Whom It May Concern:

Please provide *Reddy Raw and Affiliated Companies* with information regarding the credit and loan histories with your bank for the undersigned individual or company.

I hereby authorize the release of this information for credit purposes.

\_\_\_\_\_  
**Trade Name**

\_\_\_\_\_  
**Corporate Name**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Print name of person signing**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**