



- New Account – COD ONLY (Fill out pages 1, 2, and 5 only)
- New Account – COD with Credit Card on File (Fill out pages 1, 2, 4, 5)
- New Account – Request for Credit Terms (Fill out pages 1, 2, 3, 5)
- Existing Account – Request for Credit Terms (Fill out pages 2, 3)
- Existing Account – Update Information (Fill out page 1)

Customer Application

Billing Address:

Company Name/DBA: _____

Company Corporate Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company Website: _____ Email: _____

Circle One: Deli, Bakery, Co-Op, Restaurant, Brewery, Bagel Shop, Pizzeria, Manufacturer, Retail, Home Baker, Caterer, School, Distributor, Contract Dining, Farm Stand, Other: _____

Shipping Address: (if different)

Company Name on the Sign: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Receiving Hours: _____

Contact Information:

Buyer: _____ Email: _____ Phone: _____

Owner/Sr. Officer: _____ Email: _____

Phone: _____ Accounts Payable Contact: _____

Phone: _____

Email invoices to be sent to: _____

Guarantee of Payment

(Please note account will not be opened without physical or digitally verified signature on Guarantee Statement)

_____ at my request, I hereby agree to personally guarantee payment on demand any sum for materials and supplies, sold and delivered, which may become due whenever the company shall fail to pay the same. It is further understood that I will be responsible for the ATTORNEY'S FEES AND COLLECTION COSTS according to the law, if procedures are instituted. I understand that my electronic signature on this application will be valid and bind me, and that I will not enter an electronic signature for any person other than myself. Initial _____

Print Name: _____

Signature: _____

Date: _____



Hillcrest Foods Credit Policy

Please review the following information and initial each one.

Please note this is required to open an account.

Customer Name: _____

All new customers will be required to prepay with check, cash or credit card (run prior to shipment) until credit checks and or terms can be properly evaluated. Please note it will take 3-4 weeks for information to be gathered to determine whether terms will be considered. Initial: _____

If payment is not available at time of delivery, our driver will be UNABLE to deliver your product. Initial: _____

All past due balances at the end of each month will be assessed an interest charge of 1.5% (APR 18%) Initial: _____

In the event that you are not available to sign for your delivery, you authorize a Hillcrest Foods Driver to sign for the receipt of your product. Initial: _____

Customers with terms must adhere to those terms or their account will be put on hold until account is satisfied. Initial: _____

If a check should be returned due to insufficient funds, the customer's account will be put on hold and a \$40.00 NSF service charge will be applied. The total check plus service charge must be cleared **before** another delivery will be made. Multiple NSF checks within a 3 month period will have credit terms revoked. Initial: _____

I hereby understand and will abide by the Hillcrest Foods Credit Policy:

I understand that my electronic signature on this application will be valid and bind me, and that I will not enter an electronic signature for any person other than myself. Initial _____

Print Name: _____

Signature: _____

Date: _____



Credit Application

In order to be considered for Credit Terms the information below MUST be filled in completely. If information is missing, the form will be returned to you for the information. Please note this can delay determination of credit terms.

Company Name/DBA: _____

Number of years in business: _____ Incorporated: _____ What year: _____

FED ID#: _____ Tax Exempt # (if applicable): _____

Resales Certificate #: _____ (include cert w/ app) Dun #: _____

Name of Bank: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Contact Name: _____

Checking Acct #: _____ Savings Acct #: _____

Personal Information of Responsible Party:

Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

How many years at this address: _____ Own: _____ Rent: _____

Personal Bank: _____ Check Acct #: _____ SVS#: _____

Address: _____ DOB: _____ Driver's License #: _____

Contact Phone Number: _____ Email: _____

Have you or your company ever declared bankruptcy and/or had a foreclosure action, attachment, judgement or liens filed against you? Yes: ___ No: ___, If yes, explain & give dates: _____

Current Business References:

1. Name: _____ Phone: _____ Fax: _____

2. Name: _____ Phone: _____ Fax: _____

3. Name: _____ Phone: _____ Fax: _____

Must be signed for consideration of terms

I authorized you to release financial information to Hillcrest Foods for a credit check on my accounts with your company. Thank you.

Signature: _____ Date: _____

I understand that my electronic signature on this application will be valid and bind me, and that I will not enter an electronic signature for any person other than myself. Initial _____



Credit Card Billing Authorization Form

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Credit Card Number: _____

Credit Card Type (Visa, Discover, Amex, MC) _____

Expiration Date: _____ CVC #: _____ (3 digit number on back of card)

Name on Credit Card: _____

Person responsible for A/R: _____

Phone #: _____ Fax #: _____ Email: _____

Please initial one option below for Credit Card Payment:

This is a one time charge; please bill my credit card for the following amount: _____ Initial: _____

Bill my credit card at the time of each order; after the order is delivered at my place of business. Initial: _____

Charge my credit card in the event that no payment is left or available for the driver. Initial: _____

Credit Card Guarantee

I, _____, the applicant, agree that by signing this form I take responsibility of keeping the credit card on file up to date with the correct expiration date. I accept that this will be used as a form of payment according to the Payment Option that I have chosen above. In the event a change should be made, I will notify Hillcrest Foods in writing at the time of the change.

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Hillcrest Foods' discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Applicant agrees they are responsible for all legal fees associated in collecting any outstanding balances declined by the above credit card. Disputes to amounts invoiced should immediately be reported to: schadwick@hillcrestfoodsne.com

I understand that my electronic signature on this application will be valid and bind me, and that I will not enter an electronic signature for any person other than myself. Initial _____

Print Name: _____

Signature: _____

Date: _____



To our Valued Customers:

We at Hillcrest Foods strive to fulfill our Customer's orders with precision, efficiency and great prices. When we need to ship your order via 3rd Party Carriers (Land Air, UPS, etc.), it is important for you as the receiver to be aware of your responsibilities and what signing the BOL (bill of lading) means.

It is important to use good judgment when inspecting your freight. If the shipment appears to be in good condition, then you can accept the freight and sign the BOL. **If, however, you notice any damages, this **MUST** be notated on the BOL before you sign off on your order. Additionally, when damages are noted, PLEASE take pictures of the damages and send to rdeuso@hillcrestfoodsne.com so we can start the credit process on our end.**

This is for your protection so you can receive credit for the damaged product(s). **If the BOL is not notated with damages, we will be unable to issue a credit for the damages/loss.** An unmarked BOL will also not allow us to file a claim with the 3rd party carrier.

I acknowledge receipt of Hillcrest Foods' policy regarding damaged products from 3rd party carriers.

Signature/ Printed Name

Date

Name of Company/ Hillcrest Account #

Please send this signed form back to either Rise Deuso, rdeuso@hillcrestfoodsne.com or Courtney Koskovich, ckoskovich@hillcrestfoodsne.com

At Hillcrest Foods, your 100% satisfaction is our priority. If you have any questions or concerns, please contact your sales rep by choosing the appropriate extension at **1-800-287-6586**.

Updated Policy 12/1/2020