

CUSTOMER PROFILE & ACCOUNT APPLICATION

Company Legal Name: _____ Company Email: _____

Doing Business As (dba): _____ Telephone: _____

Saval Territory Manager Name: _____

SHIP TO:

Street Address: _____

City: _____ State: _____ Zip Code: _____

BILL TO:

Saval Foodservice offers online ordering & payment processing through the MySaval Portal.

Register at **savalfoodservice.cutanddry.com/create-account** or call us at **800.527.2825**

Street Address: _____

City: _____ State: _____ Zip Code: _____

TELL US ABOUT YOUR BUSINESS:

Date Applicant Purchased Business: _____ (month/date/year)

☐ Proprietorship ☐ Corporation ☐ Partnership ☐ LLC

Federal Employer's Identification Number (FEIN): _____

State of Incorporation: _____ Year of Incorporation: _____

LOGISTICAL DETAILS:

Business Open Time: _____ Close Time: _____ Preferred Delivery Times: *from* _____ *to* _____

Estimated Weekly Purchase: \$ _____ Terms Requested: _____

Method of Payment: ☐ Check *or* Online Portal Options: ☐ Electronic Check ☐ ACH ☐ Credit Card

Pay online at **savalfoods.com** or through our **online ordering platform**.

Delivery Information/Notes: _____

Does the delivery location have the following specifications?

DOCK: ☐ YES ☐ NO **STAIRS:** ☐ YES ☐ NO **ELEVATOR:** ☐ YES ☐ NO

FRONT DOOR: ☐ **BACK DOOR:** ☐ **DOCK UNLOAD:** ☐ **SECURITY CLEARANCE REQUIRED:** ☐ YES ☐ NO

KEY MANAGEMENT MEMBERS & OWNERS:

Name & Title: _____

Name & Title: _____

Home Address: _____

Home Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Social Security #: _____

Social Security #: _____

Email Address: _____

Email Address: _____

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FACILITY INFORMATION:

☐ Own ☐ Lease Mortgage/Landlord: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

PRIMARY BANKING REFERENCES:

Name: _____ Account Number: _____

Banking Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

TRADE REFERENCES (PREFERABLY FOODSERVICE RELATED):

Company: _____ Current Credit Terms: _____

Phone: _____ Fax: _____

Company: _____ Current Credit Terms: _____

Phone: _____ Fax: _____

MARKETING:

Website: _____ Social Media Tags: @_____

WHILE WE'VE GOT YOUR ATTENTION, FOLLOW US @SAVALFOODS FOR GIVEAWAYS, RECIPES, AND TRENDS!

STATEMENT OF TRADE TERMS:

Purchaser acknowledges that the information set forth above is true and correct. Applicant's Principals hereby authorize Sellers to check, from time to time, Applicant's Business and Principal's personal credit history and trade, bank and personal references (whether or not listed on the application) for customary credit information. The purchaser agrees to pay Saval Foodservice all sums due pursuant to the terms and conditions herein or on any invoice or statement received to purchaser. Payments are to be made to Saval Foodservice, P. O. Box 8630, Elkridge, MD 21075. Payments may be made through our online portal, accessible from our website, online ordering platform, or directly at portal2.ftnirdc.com/en/206288. Full amount due must be tendered. Any trade discounts or credits may be retained by the supplier and credited to past due balances. Payments received will be applied to the oldest invoices on your account unless otherwise indicated. Supplier reserves the right to increase, decrease or terminate credit limits without notice to the customer. Purchaser shall notify Seller by Certified Mail of any change of ownership of Purchaser. The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5 (c) of the Perishable Agricultural Commodities Act. 1930 (7 U.S.C.499e (c)). The seller of these commodities retains a trust claim over these commodities, all inventories of food or other products delivered from these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received. Supplier will charge \$35.00 fee for any check returned for non-sufficient funds or any other banking purpose. Any outstanding balance shall be subject to finance charge of 24% per annum computed on the unpaid balance. Should any payment not be made when due, undersigned customer and guarantor(s) authorize(s) any attorney designated by Saval Foodservice to appear in any Court of competent jurisdiction and confess judgment against them for the total due, plus any aforesaid interest, costs and Attorney's fees of 30%. In the event that it becomes necessary to refer account for collections: I/we agree to pay all collection costs. Should the authorization for confession of judgment be deemed invalid, the remaining provision of this instrument shall remain in full force and effect.

☐ By typing your name below, you acknowledge and agree that this electronic signature is legally binding, just as if you had signed a physical document. Check this box if you agree.

Signature: _____ Date: _____

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BLANKET CERTIFICATE OF SALE:

Blanket Certificate of Resale for the State of _____^(STATE). This is to certify that all tangible personal property, material or merchandise purchased by the undersigned from SAVAL FOODSERVICE after the date of _____^(DATE), is purchased for the following specific purpose(s):

- ☐ For resale as tangible personal property.
- ☐ To be incorporated as a material component or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.
- ☐ For the use by a non-profit, religious, charitable, or educational organization, volunteer fire companies and rescue squads, governmental entities and credit unions or any similar organization that has been granted tax exempt status by the state government in which the activities of the organization are conducted.

This certificate shall be considered a part of each purchase order, which we shall issue to Saval Foodservice and bears our STATE RETAIL SALES AND USE TAX LICENSE REGISTRATION NUMBER of _____, and is to continue in force until revoked in writing. Under penalties of perjury, I swear or affirm that the information provided on this form is true and correct as to every material matter.

- ☐ By typing your name below, you acknowledge and agree that this electronic signature is legally binding, just as if you had signed a physical document. Check this box if you agree.

Guarantor's Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

GUARANTEE OF PAYMENT:

For and in consideration of the extension of credit by Saval Foodservice, to _____ ("Purchaser", Business Name the Guarantor(s) hereby jointly and severally, absolutely and unconditionally guaranty the faithful and prompt payment of any and all indebtedness due from purchaser to Saval Foodservice without receiving notice of default from Saval Foodservice to undertake any legal action against purchaser. The guarantor agrees that it shall have no right to subrogation whatsoever with respect to the aforesaid indebtedness, or to any amount due to be paid thereon or any collateral securing the same, unless and until all creditors of the Obligor shall have received payment in full of all sums at any time due. Any outstanding balance shall be subject to a finance charge of 24% per annum. Guarantor(s) consent to any extension or indulgence granted purchaser and waive prior recourse and notice of nonpayment. Guarantor(s) further agrees to reimburse Saval Foodservice all expenses it may incur in enforcing collection of any outstanding balance inclusive of 30% attorney's fee whether suit is brought or not and prejudgment aforesaid interest. It is understood that this guarantee shall be a continuing and irrevocable guarantee and may only be terminated as to future indebtedness upon the receipt of written notification forwarded to the supplier by certified or registered mail.

- ☐ By typing your name below, you acknowledge and agree that this electronic signature is legally binding, just as if you had signed a physical document. Check this box if you agree.

Guarantor's Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

LOCAL FOODSERVICE IS BETTER FOODSERVICE

Once completed, please contact your Saval Territory Manager.

savalfoods.com | 800.527.2825