

# UPPER LAKES FOODS, INC. CREDIT APPLICATION

Salesperson # \_\_\_\_\_  
Legal Name of Company or Individual \_\_\_\_\_  
DBA or Trade Name (If different than above) \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Delivery Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Billing Address (if different than listed above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Check One: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Not For Profit \_\_\_\_\_  
Date Business Opened/Purchased \_\_\_\_\_  
Federal Tax ID. # \_\_\_\_\_ Tax Exempt # \_\_\_\_\_

(Attach Copy of Certificate)

Liquor License # \_\_\_\_\_  
If partnership or corporation list partners or officer(s) and title(s):  
\_\_\_\_\_  
Owner of Business \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Social Security# \_\_\_\_\_  
Manager of Business \_\_\_\_\_  
Owner of Building & Address \_\_\_\_\_

## Accounts Payable

Contact/Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

## List Three Trade References:

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_



**Bank References:**

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Bank Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_  
Loan # \_\_\_\_\_ Contact Person \_\_\_\_\_

**Personal Bank:**

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Business Name Used For Reference \_\_\_\_\_

**TERMS OF CREDIT**

A. Amount of credit being requested \_\_\_\_\_

It is understood that the above amount requested can be increased without applicant signing a new application for credit, and upon receiving additional credit, applicant agrees that they will be bound all of the terms and obligations of this agreement, as if the new amount of credit received was the amount of credit initially requested.

B. For any and all outstanding invoices paid with a charge card, additional fees may apply. Charge card fees will be added after invoice is created.

C. Payment terms \_\_\_\_\_

If any amount due Seller is not paid when due a delinquency charge shall be added to the amount due. Said delinquency charge shall be 12% per annum. Applicant by signing this application specifically consents to the 12% delinquency charge.

Should Upper Lakes Foods begin a collection action to recover the cost of product delivered and received by applicant but not paid for pursuant to the terms of this credit arrangement, said applicant agrees that all costs of collection including but not limited to reasonable attorney fees, filing fees, ect. Shall be the sole responsibility of said applicant. Further any amount due seller that is not paid when due a delinquency charge shall be added to that amount due. Said delinquency charge shall be added to that amount due. Said delinquency charge shall be 12% per annum. Applicant by signing this application specifically consents to the 12% delinquency charge.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**PERSONAL GUARANTEE**

The undersigned hereby personally guarantee(s) payment of any obligation of the above applicant including any additional credit extended to the applicant over and above the amount initially requested by the applicant. The undersigned further consent(s) and authorize(s) Upper Lakes Foods, Inc., to obtain a Credit Report.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name Date Address/Phone #

\_\_\_\_\_  
Printed Name Date Address/Phone #

I/We accept and agree to all terms and conditions set out in this credit application. I/We hereby authorize Upper Lakes Foods, Inc., to review my/our references, credit and financial responsibility.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Printed Name \_\_\_\_\_



**MUST BE FILLED OUT BY CUSTOMER SALES REPRESENTATIVE**

**SALES REPORT FOR ALL NEW ACCOUNTS**

SALESPERSON #: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ Date: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT: BAR/GRILL\_\_ CAMP\_\_ CASINO\_\_ CASUAL DINING\_\_ CATERING\_\_ CHURCH\_\_

CLUB\_\_ RESORT\_\_ DAYCARE\_\_ DELI\_\_ EQUIPMENT\_\_ FINE DINING\_\_ GOLF COURSE\_\_

GOVERNMENT\_\_ HEALTHCARE\_\_ HOTEL\_\_

SEASONAL ACCOUNT? Or YEAR ROUND (JAN-DEC) SUMMER (MAY-AUG) WINTER (SEPT-MARCH)

**ROUTING:**

HOURS OF OPERATION: \_\_\_\_\_

ESTIMATED FIRST SHIP DATE: \_\_\_\_\_

SPECIAL DELIVERYINSTRUCTIONS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CURRENT DELIVERY DAYS FROM SUPPLIER \_\_\_\_\_

CURRENT DELIVERY WINDOW FROM SUPPLIER \_\_\_\_\_

PREFERED DAY OR DAYS OF DELIVERY

(Day subject to location & delivery schedules. Days subject to size and multiple drops needed):

\_\_\_\_\_  
PREFERED DELIVERY WINDOW(Please give 3 hour time frames for delivery and include the time frame you prefer to not have a delivery): \_\_\_\_\_

DESCRIPTION OF DELIVERY AREA: (Dock, Stairs, Ramp, &Etc.): \_\_\_\_\_

TRUCK SIZE LIMITATIONS:(Low Hanging Power, Alley, Etc.): \_\_\_\_\_

ESTIMATED ANNUAL VOLUME/ALL PURCHASES: \_\_\_\_\_

AVERAGE DROP SIZE: \_\_\_\_\_

GRETCHEN: Rebates Yes \_\_\_\_\_ No \_\_\_\_\_

SOFTWARE: Any special instructions:

\_\_\_\_\_  
EQUIPMENT - BEVERAGE/CHEMICALS:

Beverage: \_\_\_\_\_

Tentative installation date: \_\_\_\_\_

Chemicals: \_\_\_\_\_

Tentative installationdate: \_\_\_\_\_

**INSIDE SALES:**

Ordering E-foods \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Call Times/Days of the week: \_\_\_\_\_

First Delivery: \_\_\_\_\_

Emergency Home Phone Number: \_\_\_\_\_

**MICHELLE CORRIGAN (HEALTHCARE/PRELUDE ONLY): Update master healthcare/Prelude list**

CREDIT: COD, per account request, 1% Yes\_\_\_\_\_ No\_\_\_\_\_

Terms \_\_\_\_\_

Tax exempt (attach copy if yes) Yes\_\_\_\_\_ No\_\_\_\_\_

**BUYERS:**

Milk Amounts Yes\_\_\_\_\_ No\_\_\_\_\_

Buyers Other Items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPUTER ROOM (HEALTHCARE/PRELUDE ONLY):**

09 Prelude Account \_\_\_\_\_ 04 Healthcare\_\_\_\_\_ Other \_\_\_\_\_

Implement smallwares pricing for healthcare/Prelude Yes\_\_\_\_\_ No\_\_\_\_\_ (if contract acct.)

Add to check fill list Yes\_\_\_\_\_ No\_\_\_\_\_

Alliance Purchasing Yes\_\_\_\_\_ No\_\_\_\_\_

UHF Yes\_\_\_\_\_ No\_\_\_\_\_

Send order guide on truck Yes\_\_\_\_\_ No\_\_\_\_\_

On the 15th of each month Yes\_\_\_\_\_ No\_\_\_\_\_ Attn: \_\_\_\_\_

**BUDGET (PRELUDE ONLY):**

Fiscal Year \_\_\_\_\_ Annual Raw Food Budget \_\_\_\_\_

Current Food Cost Per Day \_\_\_\_\_ Budgeted Food Cost Per Day \_\_\_\_\_

YTD Current Raw Food \_\_\_\_\_ YTD Budgeted Raw Food \_\_\_\_\_