



# Customer Account Application

PO Box 228 Winston-Salem, NC 27102  
Phone (336) 723-9151 Phone (800) 642-0889 Fax (336) 725-7674

## LET US KNOW WHERE TO SHIP

_____ (DBA) TRADE NAME		_____ COUNTY			
_____ ADDRESS		_____ CONTACT		_____ EMAIL ADDRESS	
_____ CITY, STATE, ZIP		_____ PHONE NUMBER		_____ FAX NUMBER	

## TO BE COMPLETED BY DSR

TIME OPEN FOR DELIVERY \_\_\_\_\_ TIME CLOSE \_\_\_\_\_ AM TIME WINDOW \_\_\_\_\_ PM TIME WINDOW \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

CLOSEST CUSTOMER \_\_\_\_\_ CERTIFICATE OF RESALE ATTACHED  YES  NO

DIRECTIONS \_\_\_\_\_

PAYMENT TERMS REQUESTED BY DSR:  COD  7 DAYS  NET 10 EOM  OTHER \_\_\_\_\_ LEVEL \_\_\_\_\_

DSR NAME AND REP# \_\_\_\_\_ VOICE MAIL # \_\_\_\_\_

## FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

CUSTOMER ACCOUNT NUMBER \_\_\_\_\_ SHIP TO \_\_\_\_\_ BILL TO \_\_\_\_\_

PAYMENT TERMS ASSIGNED  COD  7 DAYS  14 DAYS  30 DAYS  NET10 EOM  OTHER: \_\_\_\_\_

CREDIT MANAGER APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_ CC: DSR, DSM, SM, 917-4821 REV 12-07



PO Box 228
Winston-Salem, NC 27102
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Fax 336-725-7674

PLEASE TELL US WHERE TO BILL

LEGAL BUSINESS NAME
ADDRESS
CITY, STATE, ZIP
PHONE NUMBER FAX NUMBER
ACCOUNTS PAYABLE CONTACT

LIST RELATED BUSINESSES

NAME
ADDRESS
CITY, STATE, ZIP
PHONE NUMBER
(PLEASE ATTACH ADDITIONAL LOCATIONS ON A SEPARATE SHEET OF PAPER.)

IS A STATEMENT REQUIRED TO BE MAILED TO THE BILLING ADDRESS? YES NO

IS A PURCHASE ORDER NUMBER REQUIRED? YES NO

FEDERAL IDENTIFICATION NUMBER

LET US KNOW SOME FACTS ABOUT YOUR BUSINESS TO HELP US KNOW YOUR HISTORY (CHECK ALL THAT APPLY)

NEW OWNER? YES PURCHASE DATE NO LENGTH OF PRESENT OWNERSHIP

BUILDING: OWNED LEASED LANDLORD'S NAME LANDLORD'S PHONE

PROPRIETORSHIP PARTNERSHIP LIMITED PARTNERSHIP CORPORATION LIMITED LIABILITY CO NON PROFIT

TYPE OF BUSINESS: RESTAURANT (FINE DINING) FAST FOOD SCHOOL LODGING BAKERY
CAMP RESTAURANT (FAMILY STYLE) CATERING DAYCARE NURSING HOME OTHER

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR INDIVIDUAL PROPRIETORS, GENERAL PARTNERS, CORPORATE OFFICERS

NAME AND TITLE
HOME ADDRESS
CITY, STATE, ZIP
HOME PHONE NUMBER
SOCIAL SECURITY NUMBER DRIVERS LICENSE

NAME AND TITLE
HOME ADDRESS
CITY, STATE, ZIP
HOME PHONE NUMBER
SOCIAL SECURITY NUMBER DRIVERS LICENSE

PLEASE PROVIDE US YOUR BANKING INFORMATION

BANK NAME ADDRESS CITY, STATE, ZIP

BANK OFFICER PHONE NUMBER

CHECKING ACCOUNT NUMBER BALANCE LOAN ACCOUNT NUMBER BALANCE

PLEASE PROVIDE US REFERENCES (PREFERBLY FOOD SUPPLIERS)

NAME CITY, STATE PHONE NUMBER ACCOUNT NUMBER

NAME CITY, STATE PHONE NUMBER ACCOUNT NUMBER

NAME CITY, STATE PHONE NUMBER ACCOUNT NUMBER

**TERMS AGREEMENT**

I CERTIFY THAT THIS INFORMATION IS CORRECT AND GIVEN SOLELY FOR THE PURPOSE OF GRANTING THE EXTENSION OF CREDIT. THE UNDERSIGNED CERTIFIES TO BE IS THE AUTHORIZED AGENT OF THE COMPANY IN WHOSE NAME THIS APPLICATION IS MADE AND AGREES ON BEHALF OF THAT COMPANY AS FOLLOWS:

- 1. To pay EG Forrest Company, Inc. according to the terms set forth by EG Forrest Company. I understand and agree that EG Forrest Company, Inc. will subject all accounts not paid within thirty (30) days of invoice date to a finance charge of one and one-half percent (1 1/2%) per month, which is an annual percentage rate of 18%.
- 2. That in the event EG Forrest Company, Inc. in its sole discretion should decide to turn over any amounts owing under this application to an attorney-at-law for collection, the applicant agrees to pay all court costs and reasonable attorney's fees as permitted by law.
- 3. That EG Forrest Company, Inc. is authorized to investigate the business and personal credit worthiness and reliability for the purpose of granting business credit.
- 4. Assumption of any amount owed including but not limited to finance charges, Attorney fees and court costs require the prior written consent of EG Forrest Company, Inc.
- 5. There will be a service charge for returned check(s) or EFT.

PRINT NAME & TITLE

APPLICANT SIGNATURE

DATE

**GUARANTY AGREEMENT**

THIS IS BY AND BETWEEN \_\_\_\_\_ ("GUARANTOR") AND EG FORREST COMPANY, INC. ("EG FORREST"),  
INDIVIDUAL NAME  
 AND GUARANTEES ALL INDEBTEDNESS OF \_\_\_\_\_ ("PURCHASER") TO EG FORREST.  
BUSINESS NAME  
 GUARANTOR ACKNOWLEDGES THAT THE CONSIDERATION FOR THIS AGREEMENT INCLUDES BUT IS NOT LIMITED TO EG FORREST'S  
 EXTENSION OF, OR AGREEMENT TO, EXTENDS CREDIT TO THE PURCHASER IN RELIANCE ON THIS AGREEMENT.

- 1. Guarantor unconditionally guarantees to EG Forrest the payment when due, of any and all obligations of the purchaser no matter how evidenced. This includes, but is not limited to, the principal and finance charges on any invoice submitted to the purchaser. Guarantor agrees that guarantor's liability under the Agreement is unlimited.
- 2. If any of the purchaser's obligations to EG Forrest are or become secured, Guarantor consents to EG Forrest's exchange, compromise or release of any part or all of the security without notice to or consent by Guarantor without there being any effect on this Agreement. Guarantor further understands that no action EG Forrest takes or fails to take regarding the Purchaser or any security will in any way alter Guarantor's obligation under this Agreement.
- 3. All persons and/or entities who sign this Agreement are jointly and severally liable to EG Forrest for the full amount of the liability created by this Agreement. It is understood that each person and/or entity who signs this agreement is liable for the entire debt of the purchaser and that EG Forrest can demand full payment from any person and/or entity who signs this Agreement without making demand on any other person and/or entity. The death, incompetency, insolvency, or bankruptcy of any person and/or entity who signs this Agreement shall not release any other person and/or entity who sign this Agreement. Guarantor hereby waives all defenses and rights to require EG Forrest to pursue any remedy or payment from any other person before seeking payment from Guarantor, specifically including rights provided under NCGS §26-7.
- 4. This Agreement is a guarantee of payment and not of collection and, as such, EG Forrest can demand payment from Guarantor under this agreement without making any demand or taking any action against the Purchaser or any other person and/or entity liable for payment of the indebtedness of the purchaser.
- 5. Guarantor acknowledges that EG Forrest may enforce Guarantor's obligations to EG Forrest by applying any credits due Guarantor to any indebtedness to EG Forrest.
- 6. This Agreement will remain in effect until Guarantor delivers to EG Forrest prior written notice that this Agreement is terminated. Such notice of termination must be mailed to EG Forrest at PO Box 228, Winston-Salem, NC 27102-0228 by Certified Mail, return receipt requested. If Guarantor gives EG Forrest such notice, it will only apply to future transactions or commitments. Guarantor will continue to be liable for all prior transactions and commitments.
- 7. Guarantor considers the Purchaser's indebtedness to EG Forrest to be the Guarantor's, and if EG Forrest refers this indebtedness to an Attorney for collection; Guarantor agrees to pay EG Forrest reasonable Attorney fees as permitted by law.
- 8. Guarantor waives any and all notice of demand, presentment or dishonor of any kind whatsoever.
- 9. This Agreement shall inure to the benefit of EG Forrest's successors and assigns. This Agreement shall be binding upon Guarantor's personal representative, successors and assigns.
- 10. Assumption of any amount owed including, but not limited to, finance charges, Attorney's fees, and court costs requires the prior written consent of EG Forrest Company, Inc. It is agreed that this Agreement shall be governed by the laws of the State of North Carolina.
- 11. The undersigned hereby consent(s) to and authorizes EG Forrest Company, Inc. the use of a consumer credit report on the undersigned as principal(s), and /or Guarantor(s) in connection with the extension or continuation of business credit as contemplated by this credit application. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report. \_\_\_\_\_ (Initials of undersigned)

I. \_\_\_\_\_  
 PRINT NAME(INDIVIDUAL GUARANTOR)  
 \_\_\_\_\_  
 SOCIAL SECURITY NUMBER  
 \_\_\_\_\_  
 HOME ADDRESS  
 \_\_\_\_\_  
 CITY, STATE, ZIP  
 \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 WITNESS:  
 \_\_\_\_\_  
 PRINT NAME (WITNESS)  
 \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

II. \_\_\_\_\_  
 PRINT NAME(INDIVIDUAL GUARANTOR)  
 \_\_\_\_\_  
 SOCIAL SECURITY NUMBER  
 \_\_\_\_\_  
 HOME ADDRESS  
 \_\_\_\_\_  
 CITY, STATE, ZIP  
 \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 EG Forrest Rep:  
 \_\_\_\_\_  
 PRINT DSR NAME & NUMBER  
 \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Streamlined Sales and Use Tax Agreement

## Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1**  Check if you are attaching the Multistate Supplemental form.  
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- 2**  Check if this certificate is for a single purchase and enter the related invoice/purchase order # \_\_\_\_\_.

**3 Please print**

Name of purchaser _____			
Business address _____	City _____	State _____	Zip code _____
Purchaser's tax ID number _____	State of issue _____	Country of issue _____	
If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number state of issue _____ number _____	Foreign diplomat number _____
Name of seller from whom you are purchasing, leasing, or renting EG FORREST COMPANY			
Seller's address _____	City _____	State _____	Zip code _____
PO BOX 228	WINSTON-SALEM	NC	27102

**4 Type of business.** Check the number that describes your business.

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services              | <input type="checkbox"/> 11 Transportation and warehousing     |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities                          |
| <input type="checkbox"/> 03 Construction                                 | <input type="checkbox"/> 13 Wholesale trade                    |
| <input type="checkbox"/> 04 Finance and insurance                        | <input type="checkbox"/> 14 Business services                  |
| <input type="checkbox"/> 05 Information, publishing, and communications  | <input type="checkbox"/> 15 Professional services              |
| <input type="checkbox"/> 06 Manufacturing                                | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining                                       | <input type="checkbox"/> 17 Nonprofit organization             |
| <input type="checkbox"/> 08 Real estate                                  | <input type="checkbox"/> 18 Government                         |
| <input type="checkbox"/> 09 Rental and leasing                           | <input type="checkbox"/> 19 Not a business                     |
| <input type="checkbox"/> 10 Retail trade                                 | <input type="checkbox"/> 20 Other (explain) _____              |

**5 Reason for exemption.** Check the letter that identifies the reason for the exemption.

- |  |  |
|--|--|
| <input type="checkbox"/> A Federal government (department) _____ | <input type="checkbox"/> H Agricultural production # _____             |
| <input type="checkbox"/> B State _____ government (name) _____   | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (name) _____        | <input type="checkbox"/> J Direct pay permit # _____                   |
| <input type="checkbox"/> D Foreign diplomat # _____              | <input type="checkbox"/> K Direct mail # _____                         |
| <input type="checkbox"/> G Resale # _____                        | <input type="checkbox"/> L Other (explain) _____                       |

**6 Sign here.** I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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