



# Customer Account Application

1950 Willams Street  
San Leandro, CA 94577  
Telephone: 510.297.5132  
Facsimile: 510.352.8363

Applicant requests an account from Vend Mart for the purchase of products. The following information is to be provided to induce Vend Mart to open an account for the purpose of writing checks.

Applicant: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years in business: \_\_\_\_\_

Federal Tax No.: \_\_\_\_\_ Resale No.: \_\_\_\_\_ Partnership: \_\_\_\_\_

Corporation: \_\_\_\_\_ State: \_\_\_\_\_

Individual: \_\_\_\_\_ Type of Business:  Full Line Vending  Mobile Catering  Honor Box

Current Supplier: \_\_\_\_\_

No. of Snack Machines

- 1-10
- 11-50
- 51-100
- 101-500
- 501 +

No. of Routes

- 1
- 2-5
- 6-10
- 11 +

Annual Sales

- 10-60k
- 61-300k
- 301-600k
- 601-3000k
- 3001k +

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

### SHIP TO LOCATIONS AND OTHER PLACES OF BUSINESS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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Trade References

Name: Phone:
Address: City: State: Zip:

Name: Phone:
Address: City: State: Zip:

Bank References

Bank Name: Phone:
Branch: Address:
Account No.: Type of Account:

Bank Name: Phone:
Branch: Address:
Account No.: Type of Account:

Applicant represents the information herein to be true and correct as of the date of applicant's signature on this document. In consideration for the extension of credit, applicant agrees to pay interest at the rate of 18% per year on all invoices that are more than 20 days past due. Applicant further agrees to pay a \$25.00 fee for all returned checks. Applicant further agrees to abide by the terms provided and hereby authorizes Vend Mart to contact the above references and any other parties in order to determine the accuracy of the above information and to access the credit worthiness of the applicant now or in the future. We then agree that in case of any disagreement, and if legal action is warranted, it will be taken in Alameda County, California, USA.

I hereby certify that the tangible personal property described herein, which I shall purchase from Vend Mart, will be resold by me in the form of tangible personal property; provided, however, that in the event of any of such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business. It is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Applicant Name: Date:
Signature: Title:

Personal Guarantee

In consideration for extending credit to the applicant, I hereby agree to provide an irrevocable and continuing guarantee of applicant's indebtedness to Vend Mart. I/We agree that this continuing guarantee shall not be effected by the applicant's filing of bankruptcy or the making of an assignment for the benefit of creditors. I hereby waive notice of default or non-payment and agree to abide by all the current and future standard credit terms and conditions. We further agree that if any legal action is warranted it will be taken in Alameda County, California, USA.

Signature: Date:
Signature: Date:



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Bank Information

Customer, please have your bank complete every line of the application and fax it back to Vend Mart at 510.352.8363.

Name of Bank:
Address:
City: State: Zip:
Phone:

Company Name: has made an application to establish an account with Vend Mart. In order to approve this application, we must obtain the following from you on any account established as per the following request.

Your response is solely a matter of courtesy for which no responsibility is attached to your institution or offices.

Please furnish Vend Mart the following information as promptly as possible, so your account may be established.

Account No.: Signature of Applicant:
Opening Date: Type of Account: Checking Savings

Account Standing: Satisfactory Unsatisfactory

Average Balance over six months: Low Medium High
1 2 3 4 5 6

Signature of Bank Representative: Print Name:

Title: Date:

Name of Bank Representative (Personal Banker):