



Account Application

Return Fax # _____

Date _____

Account # _____

Salesman name & # _____

SIC Code _____

For Delivery information

Bill To:

Ship To:

LEGAL NAME OF PURCHASER _____

BUSINESS OR DBA NAME _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

PHONE NO _____

PHONE NO _____

Your History

Proprietorship Partnership Corporation Limited Liability Non-Profit

Franchise of _____

Federal ID # _____ Duns (D & B) # _____

Length of time under your ownership _____

Previous Business Name or Employment

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

Estimated Weekly Sales _____

Location History

If Owned, But Mortgaged,

If Leasing Building,

If Leasing Equipment,

NAME OF MORTGAGOR _____

NAME OF LESSORS _____

NAME OF LESSORS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

PHONE NO _____

PHONE NO _____

PHONE NO _____

MONTHLY PAYMENT _____

MONTHLY PAYMENT _____

MONTHLY PAYMENT _____

Does Purchaser Own Premises Yes No

Account Payable Contact: Name _____
Phone Number _____
Fax Number _____
E-mail Address _____

Buyer Contact: Name _____
Phone Number _____
E-mail Address _____

Statements: Would you like to receive a statement? Yes No
If yes, what method would you prefer?

Sales Representative to Deliver

E-Mail E-mail Address _____

Fax Fax Number _____

Your Key Contact People

Financial Partners

BANK NAME	PHONE #	FAX #	BANK OFFICER
ADDRESS			
CITY, STATE, ZIP			
CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.		

BANK NAME	PHONE #	FAX #	BANK OFFICER
ADDRESS			
CITY, STATE, ZIP			
CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.		

Partners in Business

TRADE REFERENCES (Preferably food distributors. If new business, please provide businesses with an established credit history.)

NAME	CITY/STATE	ACCOUNT #	FAX #	E-MAIL	PHONE #
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

Complete the following for each Individual Proprietor, Partner, Manager, Corporate Officer, and Shareholder (If all shares are owned by 5 or less persons.) Use additional sheets, if necessary.

NAME AND TITLE	NAME AND TITLE	NAME AND TITLE
HOME ADDRESS	HOME ADDRESS	HOME ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.	SOCIAL SECURITY NO.
DRIVER'S LICENSE NO.	DRIVER'S LICENSE NO.	DRIVER'S LICENSE NO.
HOME PHONE NO.	HOME PHONE NO.	HOME PHONE NO.
PERCENTAGE OF OWNERSHIP	PERCENTAGE OF OWNERSHIP	PERCENTAGE OF OWNERSHIP

NAME AND TITLE	NAME AND TITLE
HOME ADDRESS	HOME ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.
DRIVER'S LICENSE NO.	DRIVER'S LICENSE NO.
HOME PHONE NO.	HOME PHONE NO.
PERCENTAGE OF OWNERSHIP	PERCENTAGE OF OWNERSHIP

Principals in your Business

The Federal Equal Credit Opportunity Act (ECOA) prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission.

If this applicant is not approved in full or if any other adverse action is taken within respect to applicant's credit with seller, applicant has the right to request within 60 days of seller's notification of such adverse action, a statement of specific reasons for such action, which statement will be provided within 30 days of such request.

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Keith EZ Pay

Keith Pay

This authorization agreement ("Agreement") is between Ben E. Keith Company, "Company," and _____
"Customer," and authorizes Company to initiate debit or credit entries to Customer's bank account and receive such funds in settlement of Customer's
obligation with Company. Customer agrees and gives its approval to its bank or financial institution for Company to draft against Customer's account(s), and
said bank or financial institution may rely upon executed copy of this Agreement without further authorization from Customer.

Please supply the following Customer Information:

Legal Business Name: _____ DBA: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____ Email: _____
BEK Customer No. _____ FEIN: _____

Please supply the following Customer Banking Information:

Bank Name: _____
Account No.: _____ ABA Routing No.: _____
Address: _____ City: _____ State: _____ Zip: _____

Please attach a VOIDED accounts payable check

AGREEMENT:

Customer represents to Company that the account is and, at all times during the term of this Agreement will be, maintained for business, and not for personal, family or household purposes. This Agreement is to remain in full effect until one party gives written notice of termination to the other party. The terms of this Agreement may only be modified by written agreement.

If Customer believes there has been any error by Company in initiating debit or credit entries to Customer's bank account, Customer agrees to notify Company in writing within fifteen (15) days of the date of the discovery of such error, describing the error in reasonable detail so as to allow Company to identify and correct such error. Customer agrees that any claim by Customer against Company shall in all cases be limited to the recovery of any amounts erroneously withdrawn from Customer's bank account. **CUSTOMER HEREBY RELEASES COMPANY FROM, AND IN NO EVENT SHALL COMPANY BE LIABLE FOR NOR SHALL CUSTOMER SEEK, ANY SPECIAL, DIRECT, INDIRECT, PUNITIVE, INCIDENTAL OR CONSEQUENTIAL DAMAGES, ARISING IN ANY WAY FROM OR IN CONNECTION WITH THIS AGREEMENT, THE NEGLIGENCE OF COMPANY, AND/OR ANY ACTIONS OR INACTIONS OF COMPANY HEREUNDER.**

This Agreement shall be interpreted in accordance with the laws of Texas without giving effect to conflict of law principles and only Tarrant County, Texas shall be proper venue. The Customer expressly waives all rights to trial by jury regarding any dispute arising under this Agreement. The limitations period to file suit under this Agreement shall be two (2) years from the date the cause of action accrues and shall thereafter be forever barred. Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this Agreement.

By signing this Agreement, the person so signing hereby warrants and represents that the person occupies the position set forth opposite and/or below their name and signature. If Customer is a sole proprietor, any person other than the Customer named herein is hereby appointed as the Customer's attorney-in-fact for the purpose of exercising the powers granted by this Agreement and this power of attorney shall continue to be effective until such power is revoked in writing and delivered to Company.

Authorized Signature of Ben E. Keith Representative

Authorized Signature of Customer Representative

Printed Name and Title

Date

Printed Name and Title

Date

UNIFORM SALES & USE TAX CERTIFICATE

MULTI JURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:
Name of Firm (Buyer): _____

Address: _____

is engaged as a registered
Wholesaler

- Retailer
- Manufacturer
- Seller (California)
- Lessor (see notes on pages 2-4)
- Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner or Corporate Officer)

Title: _____

Date: _____