

Business Information

Company Name			Doing Business As		Year Established
Address			Business Phone		Business Type <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
City	State	Zip Code	Business Fax		
FEIN	DUNS#		Resale License #		
Primary Contact		Primary Phone		Primary E-mail	
Accounts Payable Contact		AP Phone		AP E-mail	
Preferred Invoicing Method <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		If E-mail, please enter address			

Principal Information

Owner Name(s)			Phone Number		
Address			Fax Number		
City	State	Zip Code	Mobile Phone		
SSN	Tax ID Number		E-mail		

Bank Information

Bank Name			Phone Number		
Address			Account Number		
City	State	Zip Code	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Terms of Sale

Payment Terms: Payment is due at time of receipt unless another arrangement has been agreed upon in writing. Pre-payment of order may be required if you are a new customer. If approved for credit, the customer agrees to pay the total amount due on invoice within 15 days of receipt (Net 15 Good Funds In Bank). Payments can be made via check, cash, or wire transfer. Customer agrees to pay all costs and expenses of collection incurred by EPTA America, including reasonable attorneys' fees.

Claims: Buyer agrees to examine all invoices promptly upon receipt and to notify seller immediately of any failure to deliver, damages, shortage, discrepancy, or error, and further agree that such invoice shall be presumed correct in all respects unless seller is notified of any issues within five (5) business days of receipt of such invoice or delivery. Furthermore, EPTA America will not be responsible for any reclamation, bill-backs, or deductions for any reason unless agreed upon in writing.

Acknowledgement

By signing below, I hereby affirm that all information provided by me is accurate to the best of my knowledge. I accept that this form does not construe, infer, or imply a credit relationship with EPTA America, LLC. I understand that in the event I am extended a business credit, I will receive a written notification of approval. I also permit EPTA America LLC to contact my bank or financial institution listed above for the purpose of obtaining personal and/or business credit information. Furthermore, I agree to conduct business in accordance with the *Terms of Sale* disclosed above.

X	_____	_____	_____
	Principal Signature	Printed Name	Date
By signing below, I hereby affirm that as a principal I am liable as an individual for any debts owed by the company listed above.			
X	_____	_____	_____
	Principal Signature (as individual)	Printed Name	Date

References				
Please provide information for three (3) vendors that you currently purchase from.				
Reference #1				
Company Name			Contact Name	
Address			Phone	
City	State	Zip	Email	
Relationship			Years Doing Business	
Reference #2				
Company Name			Contact Name	
Address			Phone	
City	State	Zip	Email	
Relationship			Years Doing Business	
Reference #3				
Company Name			Contact Name	
Address			Phone	
City	State	Zip	Email	
Relationship			Years Doing Business	

PLEASE SUBMIT COMPLETED FORM TO YOUR EPTA AMERICA SALES REP

Carolyn Hood – carolyn.hood@mdlz.com

Dan Ward – daniel.ward@mdlz.com

FOR OFFICE USE ONLY				
EPTA Sales Rep Name	Redistributor: <input type="checkbox"/> Yes <input type="checkbox"/> No		Distribution Company (If other than EPTA)	
Brokerage Company Name	Customer Type:			
Broker Rep Name	<input type="checkbox"/> Alternate	<input type="checkbox"/> Closeout	<input type="checkbox"/> Mass	<input type="checkbox"/> Convenience
	<input type="checkbox"/> Drug	<input type="checkbox"/> Ecommerce	<input type="checkbox"/> Value	<input type="checkbox"/> Vending
	<input type="checkbox"/> Export	<input type="checkbox"/> Food Service	<input type="checkbox"/> Grocery	<input type="checkbox"/> Local Dist.
	<input type="checkbox"/> Military	<input type="checkbox"/> Value	<input type="checkbox"/> Vending	
Broker Rep Email	Class (Select One):			
Broker Rate	<input type="checkbox"/> All Other OT = NOT a local distributor			
<input type="checkbox"/> All Other TT = IS a local distributor				
Special Instructions (hang-tab, labeling, etc.)				