



MIVILA FOODS

Phone 973-278-4148 o Phone 631-953-6970
WWW.MIVILA.COM

For Internal Use Only:

Customer # _____ Date Opened: _____ Sales Rep # _____

NEW ACCOUNT APPLICATION

If you are working with a Mivila Sales Rep, please provide his / her name (or write 'none'): _____

COMPANY INFORMATION

Business Name (DBA): _____

Full Legal Name of Business Entity: _____

Billing Address: _____ City, State & Zip Code: _____

Shipping Address (if different): _____ City, State & Zip Code: _____

Business Phone Number: _____ Business Fax Number: _____

Name of Order Person/Contact: _____ Alternate Phone Number: _____

Company Type (circle one): Proprietorship Partnership Corporation Franchise Other: _____

Federal Tax ID # _____ Date Business Established: _____

Credit Terms Requested (circle one): COD-Cash COD-Check Bill-to-Bill 30 Days Credit Card

Special Instructions or Requests: _____

CREDIT REFERENCES

Food Distributor: _____ Address: _____

Phone Number: _____ Contact Name: _____ Account Number _____

Meat/Poultry Supplier: _____ Address: _____

Phone Number: _____ Contact Name: _____ Account Number _____

Produce Distributor: _____ Address: _____

Phone Number: _____ Contact Name: _____ Account Number _____

Coffee Distributor: _____ Address: _____

Phone Number: _____ Contact Name: _____ Account Number _____

BANK REFERENCE *(To be completed by Principal Owner/Officers)*

By signing this application, the customer named above (hereby known as the "Customer") authorizes Mivila Foods (hereby known as Mivila) or its successors, assigns, or agent to investigate Customer's personal and business credit and financial records, including banking records. As part of such investigation, Customer authorizes Mivila to request and obtain consumer credit reports on Customer, in connection and/or associated with the opening, monitoring, renewal and extension of this, and other accounts with Mivila. Customer authorizes Bank(s) listed below to provide and disclose the account information hereby requested by Mivila, on behalf of the Customer's noted account. Customer believes that its business is financially able to meet any commitments incurred with Mivila, and Customer agrees to pay the Mivila invoices according to the terms established by Mivila. If placed in the hands of an attorney, or an agent for collection, Customer agrees to pay all reasonable fees and additional costs incurred, including but not limited to court costs and attorney's fees, in order to enforce collection, and consent to the personal jurisdiction of the courts of New Jersey and New York, in such action or proceedings.

The Customer shall be primary liable for the indebtedness. This guarantee shall be enforceable by Mivila without prior resort to any demands or proceedings for collection of any nature against the Customer or any other person, or entity or any property of the Customer, or any other person or entity. The liability of the Customer shall not be affected by any extension, compromise or modification of any of the indebtedness or by any change in the form of indebtedness, or by any modification of the terms of sale made by the parties thereto, or by the release, substitution or addition of any other guarantor protect, nonpayment, nonperformance, and notice of the amount of the indebtedness outstanding at any time are expressly waived.

Customer hereby authorizes Mivila to investigate the references listed herein, or any other information provided in this application, to determine Customer's qualifications for a credit account.

1. Authorized Signature: _____ Print Name and Date: _____

2. Authorized Signature: _____ Print Name and Date: _____

BANK REFERENCES

Bank Name: _____ Account Number _____

Street Address: _____ City, State & Zip Code: _____

Bank Contact Name: _____ Bank Phone Number: _____

*** PLEASE COMPLETE BACK AND SEE BACK FOR INSTRUCTIONS ***

ACCOUNTS PAYABLE CONTACT INFORMATION

Contact Name: _____ Phone Number & Extension: _____

Fax Number: _____ E-mail Address: _____

OWNERSHIP INFORMATION *(To be completed by Principal Owner/Officers)*

The undersigned, personally and unconditionally guarantee payment on behalf of _____ to Mivila Foods, for all
Customer Company Name
obligations and merchandise purchased by me and/or anyone representing or employed by my company, now existing or hereafter arising. If placed in the hands of an agent, or attorney for collection, I agree to pay all fees found to be reasonable by Mivila Foods and additional costs, including but not limited to court costs incurred, in order to enforce collection, and I, the undersigned, hereby consent to the personal jurisdiction of the courts of New Jersey and New York, in such action or proceeding.

1. Authorized Signature: _____ Date: _____
Principal Owner/Officer Name: _____ Title: _____
Home Address: _____ City, State & Zip Code: _____
Phone Number: _____ Date of Birth: _____

2. Authorized Signature: _____ Date: _____
Principal Owner/Officer Name: _____ Title: _____
Home Address: _____ City, State & Zip Code: _____
Phone Number: _____ Date of Birth: _____

Customer Instructions:

**You may complete this form electronically through our website, www.mivila.com
From the CONTACT US tab, select the "Online Version" of "New Customer Application"**

Or, for credit consideration, both sides of this application form must be completed in their entirety.

For Long Island:

Send via Fax (631) 953-6933

Or

**Mail Original Form to:
Mivila Foods of NY
347 Burman Blvd.
Calverton, NY 11933**

For All Other Areas (including NJ, NYC, PA, CT)

Send via Fax (973) 278-9332

Or

**Mail Original Form to:
Mivila Foods
226 Getty Avenue
Paterson, NJ 07503**

For Internal Use Only:

Call Day: _____ Call Time: _____ Delivery Day: _____
Customer Class: _____ Customer Rating: _____ Credit Terms: _____
Credit Limit: \$ _____ Statement (circle one): Yes No Substitutions (circle one): Yes No
Call Sheet (circle one): Yes No
Special Instructions: _____
