



Providing Over 30 Years of Quality Products & Excellent Service to Chicagoland's Restaurant Industry



Address: 1465 Industrial Drive, Itasca, IL 60143 | Phone: (630) 735-3200 and Fax: (630) 735-3201

### Customer Account Application / Application for Credit Terms

Date of Application: \_\_\_\_\_

Office Use Only

SalesRep: \_\_\_\_\_

Acct#/Type: \_\_\_\_\_

### Business Information

Legal Business Name: \_\_\_\_\_ Trade Name(DBA): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person to Contact for Payment: \_\_\_\_\_ Phone#: \_\_\_\_\_

Type of Business: Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individual: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_ Fed Tax ID/SS#: \_\_\_\_\_ Fax#: \_\_\_\_\_ State Inc in: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home#: \_\_\_\_\_ Office#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Has your company or yourself ever filed bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever had an account with us before? \_\_\_\_\_ Under what name? \_\_\_\_\_

### Bank References

Primary Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Other Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Group Affiliation:  GARC

UPC

Other

## Major Trade References

Company Name	Contact	Phone#	Fax#
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## Names of Principals and Titles

Principal Name	Title	Principal Name	Title
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The undersigned, for the purpose of establishing credit with Christ Panos Foods Corporation (CPFC) and to induce CPFC to allow the above applicant to become indebted to CPFC for goods and services provided, furnishes the above credit information. The undersigned also certifies that all information in the application is complete, factual and correct and understates CPFC will depend on the accuracy of this information for credit terms to be granted. CPFC is hereby authorized to contact any parties listed on this application and to verify all information contained in this application. The undersigned has also authorized CPFC or any third party to run a credit history on them personally and on business. Also, the undersigned waives any privacy of credit information rights or regulations.

Should any information on this application provided by the applicant prove to be untrue, the undersigned agrees that all obligations of applicant due CPFC shall become immediately due and fully payable without demand or notice.

In making this application for credit, the undersigned applicant agrees to pay all invoices within agreed upon terms from date of invoice and to pay a service charge of 1 ½ % per month, which is annual percentage rate of 18% on all overdue balances. In the event this account is turned over to a third party, the customer agrees to pay all collection costs. If it is necessary for CPFC to file suit against you to recover any amount, the customer agrees to pay the attorney fees and costs including attorney's fees for appeal.

Terms Requested: \_\_\_\_\_

Signature of Applicant's Authorized Agent	Title	Date
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Printed Name of Applicant's Authorized Agent	Title	Date
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Driver's License# or State ID#: \_\_\_\_\_ Verified By (Please Print): \_\_\_\_\_

*Office Use Only*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_



# CRT-61 Certificate of Resale

## Step 1: Identify the seller

1 Name \_\_\_\_\_

2 Business address \_\_\_\_\_

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

## Step 2: Identify the purchaser

3 Name \_\_\_\_\_

4 Business address \_\_\_\_\_

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

5 Complete the information below. Check only one box.

- The purchaser is registered as a retailer with the Illinois Department of Revenue. \_\_\_\_\_  
Account ID number
- The purchaser is registered as a reseller with the Illinois Department of Revenue. \_\_\_\_\_  
Resale number
- The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

## Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

- I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.
- I am the identified purchaser, and I certify that the following percentage, \_\_\_\_\_ %, of all of the purchases that I make from this seller are for resale.

## Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

\_\_\_\_\_  
Purchaser's signature Date

**Note:** It is the seller's responsibility to verify that the purchaser's Illinois account ID or Illinois resale number is valid and active. You can confirm this by visiting our web site at [tax.illinois.gov](http://tax.illinois.gov) and using the Verify a Registered Business tool.

## General information

### When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

### Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property. **Do not** mail the certificate to us.

### Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois account ID number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

**Note:** A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

## When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

## Specific instructions

### Step 1: Identify the seller

**Lines 1 and 2** Write the seller's name and mailing address.

### Step 2: Identify the purchaser

**Lines 3 and 4** Write the purchaser's name and mailing address.

**Line 5** Check the statement that applies to the purchaser's business, and provide any additional requested information.

**Note:** A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

### Step 3: Describe the property

**Line 6** On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

### Step 4: Complete for blanket certificates

**Line 7** The purchaser must check the statement that applies, and provide any additional requested information.

### Step 5: Purchaser's signature

The purchaser must sign and date the form.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input type="checkbox"/> Other (see Instructions) ▶ _____	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		<b>CHRIST PANOS FOODS CORP        1465 INDUSTRIAL DRIVE        ITASCA, IL 60143</b>
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

## NEW ACCOUNT DELIVERY INFORMATION

Sales Rep: \_\_\_\_\_ Sales Person No: \_\_\_\_\_

Primary Delivery Day: \_\_\_\_\_ Secondary Delivery Day: \_\_\_\_\_

Customer Number: \_\_\_\_\_ Customer Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ New Account:  Yes  No

Business Hours of Operation: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Contact Name: \_\_\_\_\_

Preferred Delivery Window (+/- 4 hours): \_\_\_\_\_ Time Delivery not accepted: \_\_\_\_\_

Nearest Active Account: \_\_\_\_\_

Special Instruction: \_\_\_\_\_

\_\_\_\_\_

Estimated First Delivery Day: \_\_\_\_\_

Business Closed on:	Price Level
Market Segment	Customer Type
Contract #	Master Unit
Customer Number	Terms OK'd
Credit Analyst	

## Personal Guarantee for Corporation

To Christ Panos Foods Corporation

In consideration of the extension of credit granted by Christ Panos Foods Corporation to

\_\_\_\_\_,(corporate customer) I hereby personally, individually and unconditionally guarantee payment of whatever amount, which at the time shall be owing to Christ Panos Foods Corporation on account of goods delivered, after the date hereof. This is a continuing guarantee relating to any indebtedness, including and arising under successive transactions, which shall either continue to indebtedness or from time to time renew it after is has been satisfied. This guarantee shall be perpetual as to any indebtedness incurred before written notice is received by certified mail to Christ Panos Foods Corporation that I am unwilling to guarantee any additional indebtedness. I understand and agree to pay 1 1/2 per month service charge to any balance outstanding 30 days or more. Service charges will not however, exceed the maximum allowed by state or federal law. In the event this delinquency is turned over to a third party, I agree personally to pay all collection costs. If it is necessary for Christ Panos Foods Corporation to file suit against me to recover any amount that I have personally guaranteed I agree to also to be personally liable for all attorney fees and costs that Christ Panos Foods Corporation will incur, including attorney's fees for appeal.

Date

Signature (in signing do not use title)

Print Name

Home Address

Social Security

Number

Home Phone Number

## Personal Guarantee of Sole Ownership or Partnership

To Christ Panos Foods Corporation

In consideration of the extension of credit granted by Christ Panos Foods Corporation to

\_\_\_\_\_, (name of account) I hereby personally, individually and unconditionally guarantee payment of whatever amount, which at the time shall be owing to Christ Panos Foods Corporation on account of goods delivered, after the date hereof. This is a continuing guarantee relating to any indebtedness, including and arising under successive transactions, which shall either continue to indebtedness or from time to time renew it after it has been satisfied. This guarantee shall be perpetual as to any indebtedness incurred before written notice is received by certified mail to Christ Panos Foods Corporation that I am unwilling to guarantee any additional indebtedness. I understand and agree to pay 1 1/2 per month service charge to any balance outstanding 30 days or more. Service charges will not however, exceed the maximum allowed by state or federal law. In the event this delinquency is turned over to a third party, I agree personally to pay all collection costs. If it is necessary for Christ Panos Foods Corporation to file suit against me to recover any amount that I have personally guaranteed I agree to also to be personally liable for all attorney fees and costs that Christ Panos Foods Corporation will incur, including attorney's fees for appeal.

\_\_\_\_\_ Date

Signature (in signing do not use title)

\_\_\_\_\_ Print Name

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

\_\_\_\_\_ Social Security

Number

Home Phone Number