



4 LOUISE STREET
 ST AUGUSTINE, FL 32084
 phone: 904-824-0493
 fax: 904-824-6527
 email: stjohsfoods@fdn.com

◀ **NEW ACCOUNT** ▶
**CHECK WRITING PRIVILEGE
 and/or CREDIT APPLICATION**



COMPLETION OF THE INFORMATION BELOW IS REQUIRED TO OPEN AN ACCOUNT WITH ST JOHNS FOOD SERVICE AND TO PAY BY CHECK

THIS SECTION MUST BE COMPLETED IN FULL FOR CHECK WRITING PRIVILEGES

FULL NAME OF BUSINESS (d/b/a)		BUSINESS STREET ADDRESS		BUSINESS CITY		ZIP CODE	
PRIMARY CHECK SIGNER				SECOND CHECK SIGNER <i>(attach additional sheets if necessary)</i>			
FULL NAME		TITLE		FULL NAME		TITLE	
HOME STREET ADDRESS		COUNTY		HOME STREET ADDRESS		COUNTY	
CITY		STATE		CITY		STATE	
ZIP CODE		ZIP CODE		ZIP CODE		ZIP CODE	
SOCIAL SECURITY #		HOME PHONE #		BUSINESS PHONE #		SOCIAL SECURITY #	
HOME PHONE #		BUSINESS PHONE #		HOME PHONE #		BUSINESS PHONE #	
DRIVERS LICENSE #		STATE		EXPIRATION DATE		DRIVERS LICENSE #	
STATE		EXPIRATION DATE		STATE		EXPIRATION DATE	
DATE OF BIRTH		HEIGHT		DATE OF BIRTH		HEIGHT	
BANK NAME		ACCOUNT NUMBER		BANK NAME		ACCOUNT NUMBER	
SIGNATURE ON FILE WITH BANK				SIGNATURE ON FILE WITH BANK			

ALL INFORMATION ABOVE MUST BE COMPLETED FOR ST JOHNS FOOD SERVICE, INC. TO ACCEPT CHECKS IN PAYMENT OF GOODS AND SERVICES. EACH INDIVIDUAL WITH CHECK WRITING AUTHORIZATION MUST COMPLETE THIS INFORMATION. FURTHER, YOU ARE ADVISED THAT ST JOHNS FOOD SERVICE, INC. WILL CHARGE \$35.00 TO YOUR ACCOUNT FOR ANY AND ALL RETURNED CHECKS. THIS AMOUNT MAY BE ADJUSTED FROM TIME TO TIME AS BANK FEES TO PROCESS RETURNED ITEMS CHANGE.

COMPLETION OF THE FOLLOWING INFORMATION IS REQUIRED TO ESTABLISH CREDIT TERMS (SEE REVERSE SIDE)

PLEASE COMPLETE THE FOLLOWING TRADE REFERENCE, BANKING, AND PERSONAL GUARANTEE INFORMATION FOR ST JOHNS FOOD SERVICE, INC.'S CONSIDERATION IN DETERMINATION OF GRANTING OPEN ACCOUNT CREDIT TERMS. INCOMPLETE INFORMATION WILL RESULT IN UNNECESSARY DELAYS AND REQUIRE CASH ON DELIVERY TERMS.

LEGAL ORGANIZATION OF BUSINESS

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation | Partnership Agreement Available |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TYPE OF BUSINESS (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> RETAIL | HOW LONG AT THIS LOCATION _____ |
| <input type="checkbox"/> RESTAURANT | IF LESS THAN ONE YEAR, GIVE PREVIOUS LOCATION |
| <input type="checkbox"/> WHOLESALE | _____ |
| <input type="checkbox"/> OTHER (EXPLAIN) | _____ |

BUSINESS BUILDING IS OWNED LEASED

FLORIDA RESALE CERTIFICATE NUMBER	TERMS REQUESTED	ESTIMATED WEEKLY PURCHASES FROM ST JOHNS

CONTINUED ON REVERSE SIDE

