



**Corporate Headquarters**

P.O. Box 862  
97 McKee Drive  
Mahwah, NJ 07430

**Northeast**  
Elmsford, NY  
Mahwah, NJ  
New Haven, CT

**Southeast Region**  
Greenville, SC  
Bonita Springs, FL

**Midwest**  
Chicago, IL

**Southwest**  
Austin, TX

**West Coast**  
Ontario, CA  
**Northwest**  
Wilsonville, OR

**Canada**  
Windsor, ON

**NEW ACCOUNT & CREDIT APPLICATION**

*We appreciate the opportunity to service you!*

Phone: 800-221-0153 • Fax: 201-512-9913 Visit our Web Site [www.edist.com](http://www.edist.com)

Date: \_\_\_\_\_

Exact Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

"SHIP TO" (if different from above): \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Purchasing Agent (s): \_\_\_\_\_

Accounts Payable Contact (s), Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary: \_\_\_\_\_ Extension: \_\_\_\_\_

Secondary: \_\_\_\_\_ Extension: \_\_\_\_\_

Principal Line of Business: \_\_\_\_\_

Established: \_\_\_\_\_ Years: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Estimated Monthly Purchases from Eastern Distributing: \_\_\_\_\_

Ours is a:  Corporation  Partnership  Sole Proprietorship  
 Other (please explain): \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Have you ever been an Edist customer?

Yes If Yes, Former Account Number: \_\_\_\_\_  No

Are PO numbers required on your orders?  Yes  No

Your e-mail address and web address \_\_\_\_\_

Dun & Bradstreet # \_\_\_\_\_

It is IMPORTANT that the following information be supplied for EACH PRINCIPAL of the company.

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

Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Soc. Security #: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

**For Office Use Only:**

Account #: \_\_\_\_\_

Credit Line: \_\_\_\_\_ Credit Terms: \_\_\_\_\_

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

**Tax Exempt: Check One**

YES  NO

If yes please submit Tax Certificate

Optional : Please submit a financial statement.



**BUSINESS REFERENCES THAT EXTEND CREDIT TO YOU**



(Give complete names and addresses of trade references)  
Please do not submit credit card companies. They do not confirm.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Acct. #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax# \_\_\_\_\_  
Contact: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Acct. #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax# \_\_\_\_\_  
Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Acct. #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax# \_\_\_\_\_  
Contact: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Acct. #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax# \_\_\_\_\_  
Contact: \_\_\_\_\_

**Checking Account**

Bank: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Acct. #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Authorized Signers: \_\_\_\_\_

**Loan Account**

Bank: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Acct. #: \_\_\_\_\_  
Fax#: \_\_\_\_\_  
Contact: \_\_\_\_\_

**Savings Account**

Bank: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Acct. #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Contact: \_\_\_\_\_

In the event my account goes out of terms, S&S has my authorization to apply charges on the following:  
VISA / MASTERCARD / DISCOVER account(s).

**VISA** Acct. # [grid] Exp. Date [grid]

Authorized Signature \_\_\_\_\_

**MASTERCARD** Acct. # [grid] Exp. Date [grid]

Authorized Signature \_\_\_\_\_

**DISCOVER** Acct. # [grid] Exp. Date [grid]

Authorized Signature \_\_\_\_\_

**Required: Please sign \*\*signature required by an Officer, Principal or Owner of the Company**

I certify that all of the above information is true. I authorize you to contact any named source above to verify any data. I am aware that S&S will rely upon this information in extending credit to me. The above information may be used in collection of debt. In the event of non-payment, I agree to pay interest, your attorney's fees in the sum of 33% of the principal amount due, and costs of collection as part of my debt. I further agree that the laws of New Jersey shall apply to all issues arising between us. I agree to the exclusive jurisdiction of the courts of the State of New Jersey as to all disputes between us. My account privileges may be canceled or altered by you at any time. I agree to S&S's terms and conditions as posted on our web site.

Sign on line and print name below:

Print title or position held:



**Optional: Please sign at your discretion**

I hereby personally and unconditionally guaranty the payment of any and all amounts due from this applicant to S&S. No modifications or extensions of credit to applicant shall affect my guaranty, and I waive any notice of any such change in credit terms and of any default. I agree to all of the above terms and conditions agreed to by the applicant as part of my guaranty and incorporate them herein.

Sign on line and print name below:

Print title or position held:

**Send Your Application Today... We Will Begin Processing It Immediately!**