



STANLEY FOODS

Food Distributor since 1959

Ship to:

Name _____
DBA (Trade Name) _____
Address _____
City/State/ZIP _____
Phone Number _____
Email _____
Website _____

Bill To:

Address _____
City/State/Zip _____
Phone _____
AP Contact (Full name/Title) _____
AP Email address _____
Purchasing Agent Name _____
Purchase Order Number Required? _____

BUSINESS FACTS

General Partnership Limited Partnership If partnership, list general partners below.
 Proprietorship Corporation, State _____ Parent Corporation: _____
NEW OWNER Yes NO If yes, Purchase Date: _____ If no, date Established: _____
BUILDING / FACILITY Owner Leased Landlord Name: _____
Equipment Owned Leased Lessor Name: _____

Complete the following information for any OWNER, OFFICER and/or PARTNER:

NAME - TITLE _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
CELL NUMBER _____
EMAIL: _____
DRIVERS LICENSE #/STATE _____
SOCIAL SECURITY NUMBER _____

NAME - TITLE _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
CELL NUMBER _____
EMAIL: _____
DRIVERS LICENSE #/STATE _____
SOCIAL SECURITY NUMBER _____

TAX EMEMPT

RESALE - Product purchased from Stanley Foods is resold or used in production to be sold. This product will not be taxed.

RESALE TAX NUMBER _____

TAX EXEMPT ORGANIZATION - Purchases of all products is not taxable.

TAX EXEMPTION NUMBER _____

SIGNATURE _____ DATE _____

Stanley Foods offers qualified customers credit up to 30 days. To establish credit, please complete below. Credit card customers only need to fill out credit card authorization form.

BANKING (List all accounts)

Bank Name _____

Officer _____

Address _____

Checking account # _____

City/State/Zip _____

balance _____

Phone number _____

Saving Account # _____

Email Address _____

balance _____

TRADE REFERENCES (Please list at least one FOOD PURVEYOR)

Trade Reference # 1

Trade Reference # 2

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Customer #: _____

Customer #: _____

TERMS REQUESTED:

- C.O.D.-Invoices are due the day of delivery. Credit card must be on file.
- 7 days-Invoices are due 7 days after delivery.
- 14 days-Invoices are Due 14 days after delivery.
- 30 days-Invoices are due 30 days after delivery.

TERMS AGREEMENT: The purchaser agrees that all purchases made by purchaser from Stanley Foods or any of our subsidiaries or our affiliated entities are subject to the following terms and conditions. 1. All amounts due for goods and services purchased from Stanley Foods are payable in accordance with the payment terms established by Stanley Foods. 2. If said amount due to Stanley Foods is not paid in accordance with terms, the following items may occur; Monthly charge of 1.5% of money owed, returned check fee of \$30, and purchaser also agree to pay all costs of collection including attorney fee, (only in the event this account be placed with an attorney for collections). 3. The purchaser warrants that the information given here is correct and as well as the material of granting credit. Purchaser agrees to contact Stanley Foods in writing if any changes arise. The warranties, covenants and conditions herein are continuing in nature shall remain in effect as long as purchaser is indebted to or seeks credit from Stanley Foods. 4. It is understood that Stanley Foods is not obligated to extend credit requested and the account terms may be changed at the discretion of Stanley Foods. Purchaser agrees to abide by the terms herein stated for payment.

PRINTED NAME _____

TITLE _____

SIGNATURE _____

DATE _____

[Type here]

STANLEY FOODS CREDIT CARD AUTHORIZATION

In order to obtain goods on credit card from Stanley Foods, I (PRINT NAME) _____ hereby authorize the use of a certain credit card (copy attached) to make purchases at Stanley Foods on behalf of: (COMPANY NAME) _____.

It is specifically understood that if payment on any invoice from Stanley Foods to the above named entity is not made within customer specific terms, Stanley Foods shall have the unqualified right to charge the attached credit card with the full amount on all invoices owed by (COMPANY NAME) _____ to Stanley Foods. If Stanley Foods must initiate a suit to compel collections under this agreement, the undersigned shall be liable to pay for all costs and reasonable attorney's fees. I represent that I am fully authorized to make this statement

DATED THIS: _____ DAY OF _____, 202_

Please print:

Type of credit card (check one) AMEX VISA Mastercard

Exact Name on Credit Card: _____

Billing: Address: _____

City: _____ State: _____ Zip Code: _____

Billing Phone Number _____

Expiration Date: _____ Security (3-4 digits): _____

CREDIT CARD NUMBER: _____

Email address for notification: _____

Name of Salesperson/Witness: _____

Cardholders Signature: _____

Authorization to charge: (for each order)

CARDHOLDER'S SIGNATURE _____

Forms can be emailed to accounting@stanleyfoodsinc.com or faxed to (301) 336-0239

Or mailed to:

Stanley Foods 9001 E. Hampton Dr Capital Heights, MD 20743

[Type here]