



Suppliers to the Food Service Industry
Specializing in Bakery Supplies

3701 N. 29th Av
Hollywood, FL 33020
Phone# (954) 925 6775
(800) 683 6775
Fax# (954) 925 5338
(866) 939 9756
www.niagaradistributors.com

CUSTOMER INFORMATION FORM

Account#: _____ Sales Rep. # _____ Terms: Prepay/COD

BILL TO:

Name of Corporation

Trade Name (dba)

Mailing Address

City, State and Zip Code

Owner/President's Name

Phone No. Alternate Phone

Fax No. E-mail address

Business Web page address (URL)

SHIP TO:

Name of Business

Name of Corporation or Owner

Delivery Address

City, State and Zip Code

Store Manager's Name

Store Phone Alternate Phone

Delivery Hours

Delivery Contact Person – Name, phone, Ext.

Type of Business (please check):

- Bakery In-store bakery Deli Restaurant Café
- Home-based Food Service Other _____

How did you hear about us? (please check):

- Internet search Direct Mailing Yellow pages Word of Mouth Other _____



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BUSINESS FACTS

Tax ID No. _____ Effective Date: ____/____/____ Copy Enclosed: _____
FL Corporation Registration No. _____ /____/____ Active _____
Corporation____ LLC____ Proprietorship____ Partnership____ Monthly Gross Sales: \$ _____
Length of time at this location: _____ Owned by: _____
Rent/Lease from (Name and Address) _____

Registered Agent:

President:

Director:

Name as in SS and FL DL

Name as in SS and FL DL

Name as in SS and FL DL

Current Address

Home Current Address

Home Current Address

City, State and Zip Code

City, State and Zip Code

City, State and Zip Code

Phone No.

Phone No.

Phone No.

Social Security No.

Social Security No.

Social Security No.

Driver's License

Driver's License

Driver's License

Business Bank Name

Bank Address

Bank Phone No.

Account No.

City, State and Zip Code

Name of Banker



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_____	_____	_____
Trade Reference 1 – Name	Phone No.	Contact Name
_____	_____	_____
Trade Reference 2 – Name	Phone No.	Contact Name
_____	_____	_____
Trade Reference 3 – Name	Phone No.	Contact Name

The above information is warranted to be true and is given to Niagara Distributors, Inc. for the definite purpose of obtaining credit. I hereby authorize the credit grantor to verify, without any liability whatsoever, all the statements contained in this document. Parties hereby agree that all purchases are subject to the following terms and conditions:

1. All Invoices are either Pre-Pay or COD (Cash on Delivery) if the account is new.
2. If business was sold, the NEW OWNER must apply for Credit with Niagara Distributors, Inc. Terms will be revised and approved accordingly.
3. All purchases are subject to approval by Niagara Distributors, Inc. at its Home Office in Broward County in Florida, and to be made at said office. The venue of any legal action required for collection will be Broward County of Florida, USA.
4. The undersigned purchaser, acting as Owner, President and Officer of debtor hereby recognizes the debt personally and agrees that all amounts due to Niagara Distributors, Inc. are payable in accordance with the credit terms that were granted. If any amount due to Niagara Distributors, Inc. is not paid within said terms, a delinquency charge of 1.5% per month of the past due balance shall be added to the debt.
5. The undersigned purchaser agrees to pay reasonable Attorney’s Fees, Collections and Court Costs in the event the account becomes delinquent and is turned over to an Attorney and/or Collections Agency for legal action.
6. The undersigned purchaser agrees that the goods and/or services purchased from Niagara Distributors, Inc. are to be paid in full and not in installments.
7. The undersigned purchaser hereof individually and not acting as an Officer of the debtor is responsible for any Non Sufficient Funds checks written by the Account to the order of Niagara Distributors, Inc. plus the Bank fees.
8. All sales orders delivered and duly signed are deemed authorized by the undersigned purchaser unless rejected prior to the delivery of goods.
9. The undersigned purchaser authorizes the person who receives and signs the Invoice in his/her name, and recognized the debt to Niagara Distributors, Inc.

Date _____

Signature

Print name



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INDIVIDUAL PERSONAL GUARANTY

I, _____ with SS #: _____ residing at:

For and in consideration of Niagara Distributors, Inc. extending credit to:

Name of the Business

Address:

(herein after referred to as "Account") of which I am the (Title): _____
hereby personally GUARANTEES Niagara Distributors, Inc. payment of any and all obligations and hereby agree to bind myself to pay NIAGARA on demand any sum which may become due and the Account fails to pay in full. It is further understood that this personal GUARANTEE shall be a continuing and irrevocable guarantee and indemnity for such debt of the Account to Niagara Distributors, Inc.

I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal to the credit agreement hereby guaranteed by me.

The undersigned guarantor agrees to pay in full all moneys due on the Account plus Attorney and court fees in the event the Account becomes delinquent or goes out of business and its turned to an Attorney or a collection agency for legal action.

Date: ___/___/___

Signature

Print Name

Date: ___/___/___

Witness:

Signature

Print Name

CrAp: Rev 9-19-05:RA
Rev 6-8-06:BT