



fast • focused • friendly

Customer Account Application

OUR VALUES

Integrity • Work Ethic • Growth/Opportunity • Family Oriented • Resourceful • Safety

OUR VISION

Our vision is to be a fast growing, family oriented, dynamic foodservice distribution company that leads the industry.

OUR MISSION

To pursue excellence in the foodservice industry by partnering with our customers and vendors to help ensure our mutual growth and success.



ACCOUNT APPLICATION

Account # _____
3550 2nd St., Coralville, IA 52241
PO Box 1820, Iowa City, IA 52244
Phone (319) 645-2193
(800) 272-6467
Fax (319) 545-4118

Ship To

Bill To

Legal Name of Business Applicant _____

Name _____

Trade Name (DBA) _____

Bill to Address _____

Delivery Address _____

Bill to Address line 2 _____

City, State, Zip _____

Bill to City, State, Zip _____

Delivery Contact Name _____ Phone# _____

Accts Payable Contact _____ Phone# _____

Delivery County _____ Terms Requested _____

Accts Payable Email Address _____ Fax # _____

Statement Delivery Preference Email

Mail Both

REQUIRED Business Information

Proprietorship Partnership Incorporated LLC LLP Non-Profit

FEIN # _____ State of Organization _____ Date of Organization _____

State Sales Tax ID # _____ Ownership Date of Business _____

Payment Responsibility

(Name of business and owner)

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Banking Information

(Please attach a voided check or list the following details of primary checking account)

Bank Name _____ Branch Location _____

Checking Acct # _____ Branch Phone & Fax _____

Bank Contact Individual _____

Foodservice Trade References

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone & Fax _____ Phone & Fax _____

A/R Contact Individual _____ A/R Contact Individual _____

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BEFORE CREDIT IS EXTENDED

REQUIRED Complete the following for ALL OWNERS, PARTNERS, OFFICERS OR OTHER PRINCIPALS

Name/Title (PLEASE PRINT)

 Home Address

 City, State, Zip

 Social Security # Date of Birth

Name/Title (PLEASE PRINT)

 Home Address

 City, State, Zip

 Social Security # Date of Birth

 Home & Mobile Phone

Name/Title (PLEASE PRINT)

 Home Address

 City, State, Zip

 Social Security # Date of Birth

 Home & Mobile Phone

 Home & Mobile Phone

Name/Title (PLEASE PRINT)

 Home Address

 City, State, Zip

 Social Security # Date of Birth

 Home & Mobile Phone

The above information is for the purpose of obtaining credit terms and is warranted to be true. Applicant hereby authorizes Hawkeye Foodservice Distribution, Inc. to investigate the references listed pertaining to my/our creditworthiness and financial responsibility. It is further understood that this information will be held in strictest confidence. Complete and accurate information is required for credit approval. Applicant agrees to the terms and conditions of sale by Hawkeye Foodservice Distribution, Inc. and the undersigned hereby acknowledges that all information set forth herein is complete and accurate and has been personally signed by those persons whose signatures are shown herein and on any guaranty which accompanies this agreement.

Applicant grants permission to Hawkeye Foodservice Dist. Inc. to obtain independent credit reports and other information from its references and bank(s) and further authorizes credit and bank reference(s) to release information to Hawkeye Foodservice Dist. Inc. that may be used to determine creditworthiness. Hawkeye Foodservice Dist. Inc. retains the right to update and review credit reports, references, guarantor and account application.

Applicant acknowledges that they are not entitled to any credit until they have received notice from Hawkeye Foodservice Distribution, Inc. that terms have been granted and that until receipt of notice any goods purchased will be sold on a COD basis. Applicant further acknowledges that Hawkeye Foodservice Distribution, Inc. retains the right at all times to vary the terms of credit granted and reserves the right to refuse any delivery.

Applicant further understands and agrees that interest at the rate of 19.8% per annum, or the maximum amount allowed by law will be assessed on any outstanding balance owed, if not paid according to the terms as stated on the invoice. Applicant further agrees to pay all of Hawkeye Foodservice Distribution, Inc.'s costs incurred in the collection of any amount not paid when due, including but not limited to attorney, collection and court costs & fees. Applicant voluntarily and knowingly waives any right to a jury trial. In consideration of Hawkeye Foodservice Distribution, Inc. extending and granting credit to the above named Applicant, all parties agree to be bound by all terms and conditions.

Applicant agrees that all deliveries shall be accompanied by an invoice. At the time of delivery, the Applicant will review the items delivered and ensure that all items indicated on the invoice have been delivered. By signing the invoice, Applicant acknowledges delivery of all items indicated and agrees that there shall be no invoice adjustments provided after the invoice has been signed indicating delivery except in accordance with Hawkeye Foodservice Distribution, Inc.'s Credit and Return policy which may be in effect from time to time.

The Equal Credit Opportunity Act (ECOA) prohibits credit grantors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age.

Any legal proceedings arising out of any contract made or dealing between the parties is to be processed and submitted to a court in the state of Iowa and may be governed by the laws of Iowa. Applicant hereby agrees to venue in Johnson County, Iowa for any action arising out of this agreement. Service of process may be made to either party's address as indicated in this application.

Applicant shall notify Hawkeye Foodservice Distribution, Inc. by certified mail of any change of ownership or any information provided on this application and further agrees that until such notice is received by Hawkeye Foodservice Distribution, Inc. Applicant is not discharged of any liabilities arising prior to receipt of notice by Hawkeye Foodservice Distribution, Inc. Applicant agrees that the full balance of the account shall be paid upon any change of ownership. Applicant warrants that all financial information on this application is true, correct and complete in all material aspects. In the event that Applicant fails to notify Hawkeye Foodservice Distribution, Inc. in writing by certified mail of any changes, Applicant shall be liable for all credit extended prior to said written notification as though no changes in fact occurred.

Applicant and all Guarantors understand and agree that Hawkeye Foodservice Distribution, Inc., as part of its regular course of business, records the original of each document by electronic imaging, and the original document is destroyed in accordance with Iowa Code §622.30(2). The recorded image or a certified copy thereof shall have the same full force and effect of the original document.

Applicant _____
 Printed Name of Business

 Printed Name of Signature Below

Signature _____

Title _____ Date _____

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BEFORE CREDIT IS EXTENDED

Guaranty

I/we _____

Individual name(s)

for and in consideration of your extending and granting an open account at my/our request to:

Applicant (Business) Name

of which I am/we are _____

Title

Hereby jointly, severally, and unconditionally personally guaranty payment to Hawkeye Foodservice Distribution, Inc. in the state of Iowa of any obligation of the Applicant.

I/we hereby agree to bind myself/ourselves to pay you on demand any sum, which may become due to you by Applicant whenever Applicant shall fail to pay the same, including interest at 19.8% per annum or the maximum amount allowed by law. I/we further agree that Hawkeye Foodservice Distribution, Inc. may seek any remedy available against the undersigned without first exhausting remedies against the Applicant. I/we hereby agree to pay you all of Hawkeye Foodservice Distribution, Inc.'s costs incurred in the collection of any amount not paid when due, including but not limited to attorney, collection and court costs & fees and voluntarily and knowingly waive any right to a jury trial. I/we the undersigned hereby acknowledge that all information set forth herein is complete and accurate and has been personally signed by those persons whose signatures are shown herein.

It is understood that this Guaranty shall be a continuing and irrevocable Guaranty of all indebtedness of the Applicant. I/we do hereby waive notice of default and consent to any modification or renewal of the Account Application hereby guaranteed.

I/we shall notify Hawkeye Foodservice Distribution, Inc. by certified mail of any change of ownership or any information provided on this application and further agree that until such notice is received by Hawkeye Foodservice Distribution, Inc. I/we are not discharged of any liabilities arising prior to receipt of notice by Hawkeye Foodservice Distribution, Inc. I/we agree that the balance of the account shall be paid in full upon any change of ownership.

Any legal proceedings arising out of any contract made or dealing between the parties is to be processed and submitted to a court in the state of Iowa and may be governed by the laws of Iowa. I/we hereby agree to venue in Johnson County, Iowa for any action arising out of this agreement. Service of process may be made to either party's address as indicated in the application.

Printed Name Signature Date

Home Address, City, Zip email address

Printed Name Signature Date

Home Address, City, Zip email address

Printed Name Signature Date

Home Address, City, Zip email address

Printed Name Signature Date

Home Address, City, Zip email address

Witness

Printed Name Signature Date

Sales Representative Use Only

Sales Rep #		Statement Frequency	Wkly	Bi-Wkly	Mnthly	None
Sales District #		Shipping Warehouse	IA-01	IL-02	MN- 04	MO-05
Type of Business		Delivery Windows 1st	From:	To:		
Matrix #		Delivery Windows 2nd	From:	To:		
Concept #		Delivery Days	M	TU	W	TH F ST
Estm. Weekly Sales		Special Instructions				

Credit Department Use Only

Terms Approved		Date		Credit Limit		By	
Terms Revised		Date		Credit Limit		By	
Terms Revised		Date		Credit Limit		By	

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BEFORE CREDIT IS EXTENDED