



86 S. Division Street Battle Creek, MI 49017

(800) - 695 - 5696 \* (269) - 968 - 6136 \* Fax (269) - 968 - 9146

ACCT. # \_\_\_\_\_

**NEW ACCOUNT INFORMATION**

DATE \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TAX ID# \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

IS THIS A STATE OF MICHIGAN APPROVED NON-PROFIT ORGANIZATION UNDER CATEGORY 501C3 - 4?

YES  NO IF YES, PLEASE ATTACH DOCUMENTATION.

MICHIGAN SALES TAX#: \_\_\_\_\_ PURCHASES FOR RESALE:  YES  NO

OWNERSHIP:  INDIVIDUAL  CORPORATION  PARTNERSHIP

IF CORPORATION OR LLC: EMAIL \_\_\_\_\_ FAX# \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SS#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SS#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

IF INDIVIDUAL OR PARTNERSHIP: EMAIL \_\_\_\_\_ FAX# \_\_\_\_\_

OWNER/PARTNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SS#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

OWNER/PARTNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SS#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**BUSINESS REFERENCES:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**BANK REFERENCE:**

NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

THE UNDERSIGNED AUTHORIZES NORMAN FOODS TO PULL A CREDIT REPORT TO VERIFY CREDIT STATUS.

HAS THIS FIRM OR ANY OF ITS PRINCIPALS EVER FILED BANKRUPTCY? YES \_\_\_\_\_ NO \_\_\_\_\_

