



NOTE: Credit application must be returned with an order of \$500 in order to be processed.

Credit Application

Company name _____ D/B/A _____
Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____

The following must be completed in full:

Ownership: ___ Proprietorship ___ Partnership ___ Corporation State Inc. .____ Year _____
Fed ID or SSN # _____ D & B # _____

Name of officers	Title
_____	_____
_____	_____

Number of years in business _____ Type of business _____
Accounts payable contact _____ Purchasing contact _____
Credit terms 1 % 10 Net 30 Credit line requested \$ _____

Please provide name, address, city, state, phone # and fax # of four credit references and one bank reference.

PLEASE PRINT OR TYPE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

We certify that the information on this form is correct and that we fully understand your credit terms. We agree to prompt payment in consideration of credit terms extended. If any legal action is required to collect and recover amounts owing under this credit arrangement, the undersigned agrees to pay all the costs of collection, including attorney's fees and any applicable finance charges.

Date: _____ Signed _____ By: _____
President or owner's signature Please print name and title

Eagle Foodservice Equipment™ • Eagle MHC™ • Eagle Retail Display • SpecFAB®



Attention Accounts Payable

Eagle Group is in the process of a software upgrade that will affect how you receive our invoices. This change will enable you to receive invoices within two days of shipment. This should eliminate delayed receipt of invoices and/or lost invoices, which may occur by using regular mail. We will be sending invoices to you on a daily basis by either Email or fax.

Please indicate your **choice** of Email or fax and provide the email address and/or fax number where you want your **invoices** to be sent. **Please print clearly.**

Company Name _____

Eagle Account # _____

City/State _____

Email Address 1st _____

Fax Number 1st _____

Also, we will be sending our **acknowledgments** via fax or Email, so please have the appropriate department complete this section. **Please print clearly.**

Email Address _____

Fax Number _____

Please return this completed form to us by mail or fax to 302-653-2065. We will update you, as our conversion gets closer. If you have any questions, please call us at 800-441-8440.

Eagle Foodservice Equipment™ • Eagle MHC™ • Eagle Retail Display • SpecFAB®

*100 Industrial Boulevard • Clayton, Delaware USA 19938-8900 • 302-653-3000 • www.eaglegrp.com
(FDSRV) 800-441-8440 • FAX 302-653-2065 • (MHC/Retail) 800-637-5100 •*

UNIFORM SALES & USE TAX CERTIFICATE---MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2 - 4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that: _____ is engaged as a registered

Name of Firm (Buyer): _____	Wholesaler _____
Address _____	Retailer _____
_____	Manufacturer _____
_____	Seller (California) _____
_____	Lessor (see notes _____
_____	on pages 2 - 4) _____
_____	Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ²	_____	MO ¹³	_____
AR	_____	NE ¹⁴	_____
AZ ²²	_____	NV	_____
CA ³	_____	NJ	_____
CO	_____	NM ^{1,15}	_____
CT ⁴	_____	NC ²⁵	_____
DC ⁵	_____	ND	_____
FL ²³	_____	OH ²⁶	_____
GA ⁶	_____	OK ¹⁶	_____
HI ^{1,7}	_____	PA ²⁷	_____
ID ^{1,8}	_____	RI ¹⁷	_____
IL	_____	SC ¹⁸	_____
IA	_____	SD	_____
KS	_____	TN	_____
KY ²⁴	_____	TX ¹⁹	_____
ME ⁹	_____	UT	_____
MD ¹⁰	_____	VT	_____
MI ¹¹	_____	WA ²⁰	_____
MN ¹²	_____	WI ²¹	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner or Corporate Officer)

Title: _____

Date: _____