

CUSTOMER WORKSHEET

(Revised 07/10/2008 – Rev. 7)

Check One: New Customer Change to existing Customer Customer No. _____

Did we deliver to previous owner/customer at this address? Yes No
If yes, are we owed money from previous customer? Yes No
If yes, has a payment plan for the old balance been established? Yes No
Explain: _____

App: _____

Name _____

Address _____

Zip Code _____ **City** _____ **State** _____

Telephone # _____ **Fax #** _____

Alternate Name _____ E-mail Address _____

Primary Contact _____ **Secondary Contact** _____

Salesperson _____ **Supervisor** _____

Customer Class: _____ (Copy of license req'd) **Cell Phone:** _____

Customer Service Instructions _____

Picking Instructions _____

Driver Instructions _____

Internal Notes _____

Invoicing Printing Option – Circle one (Standard/Retail) _____
(Please specify items if any other than standard invoice print format is requested)

Fed. EIN (12 char) _____ **Consolidated No:** _____

Lic. # (16 char) _____ **Lic.Exp.Date** _____

Yes N/A

Sales Tax # _____ **EDI :**

Bill to existing Customer : _____ On-line internet password: _____

Bill to Address : _____

Pricing Policy _____

Credit Limit: \$ _____

Approved: _____

Terms: _____ Net Days _____ COD Plus Amt _____

Items in **bold** are required

HAROLD LEVINSON ASSOCIATES, INC.

21 BANFI PLAZA
 FARMINGDALE, N.Y. 11735
 TEL (631)962-2400 FAX (631)962-9000

NEW ACCOUNT APPLICATION

Date Prepared:
 Type of Business:

LEGAL BUSINESS NAME			SHIP TO (D/B/A)		
Name:			Name:		
Address:			Address:		
City: State: Zip Code:			City: State: Zip Code:		
Tax ID #		Tel #:	Contact:		Tel #:
OWNER/OFFICER					
Name:			Name:		
Home Address			Home Address		
Home Phone #		Cell #	Home Phone #		Cell #
City: State: Zip Code:		City: State: Zip Code:		City: State: Zip Code:	
S.S.#		DOB	S.S.#		DOB
BANK REFERENCES					
Bank:		Branch:	Bank:		Branch:
Address:			Address:		
City: State: Zip Code:		City: State: Zip Code:		City: State: Zip Code:	
Officer:		Tel #:	Officer:		Tel #:
Account #:			Account #:		
TRADE REFERENCES					
Name:			Name:		
Address:			Address:		
City: State: Zip Code:		City: State: Zip Code:		City: State: Zip Code:	
Contact:		Tel #:	Contact:		Tel #:
OTHER LOCATIONS OWNED					
Name:			Name:		
Address:			Address:		
City: State: Zip Code:		City: State: Zip Code:		City: State: Zip Code:	
Contact:		Tel #:	Contact:		Tel #:
<p>The undersigned hereby certifies and affirms that all the information provided on this application is true and correct and agrees to pay Harold Levinson Associates, Inc. ("HLA") within terms. In order to induce HLA to continue to sell and extend credit to the above entity, I hereby personally guaranty to HLA the payment of any obligation of the above entity. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for any indebtedness of the above entity. I hereby waive notice of default or non-payment and consent to any modification or renewal of the credit agreement herein guaranteed. The undersigned hereby authorizes HLA to independently verify the accuracy of the information provided on this application and to investigate for credit purposes the individuals and other entities listed above. The undersigned agrees to pay all reasonable collection costs and attorney fees should such action become necessary to collect any amounts due. The undersigned agrees that all past due amounts will bear interest at 1 1/2 percent per month. The undersigned further agrees that any checks returned unpaid, for insufficient funds, stopped payment, or any other reason, shall bear a service charge of \$30. Faxed documents will be deemed as original and be legally binding.</p> <p>The undersigned agrees and authorizes, that in the event that any check provided to HLA is returned unpaid, such check, at HLA's option, may be converted into an ACH debit, allowing HLA to debit the customer's bank account, using established banking industry ACH procedures, for a period of sixty days or until item is paid, whichever is earlier. This authorization shall remain in full force and effect until HLA has received written notice from the customer, of its termination, in such time and manner as to afford HLA a reasonable opportunity to act upon it.</p>					

Copy of Photo I.D. (Drivers License Acceptable) rev 02/08

BY: _____
 Signature and Date

BY: _____
 Signature and Date

 Please Print Name

BY: _____
 Please Print Name

BY: _____
 Witness Signature and Date

ATTACH A COPY OF YOUR STATE CIGARETTE LICENSE

 Witness Please Print Name

READ CAREFULLY: You are executing a legally binding obligation