



**COMMERCIAL BUSINESS ACCOUNT INFORMATION**

**Company Name** (d.b.a.): \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Duns #: \_\_\_\_\_ Web/Email Address: \_\_\_\_\_

**Ownership:** Year Business Established: \_\_\_\_\_ Years Under Present Management: \_\_\_\_\_  
(\_) Sole Proprietorship ( ) Partnership ( ) Corporation ( ) LLC ( ) Subsidiary of \_\_\_\_\_  
Business License # \_\_\_\_\_ Resale Certificate # \_\_\_\_\_

**Names of Principals, Titles & Addresses:**

1. \_\_\_\_\_ Title \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
2. \_\_\_\_\_ Title \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Terms:**

This information is solely used to set up a customer account with Anthony on credit card or CIA terms. **This is not an application for credit terms.** Any misrepresentation in the information provided will be considered evidence of fraud. The undersigned warrants that the information submitted is true and correct. Said business fully understands terms and conditions of sale as shown on our invoices which supersede all agreements previously made on purchase orders submitted to and accepted by Anthony. Sales tax will be charged to the account if a resale certificate is not supplied on the company's behalf. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all cost of litigation incurred. The undersigned represents that he/she has the authority to execute this commercial business account information on behalf of the business identified.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner/Officer)  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner/Officer)

**\*\* PLEASE TYPE OR PRINT ALL INFORMATION / PLEASE PROVIDE ALL PHONE & FAX NUMBERS\*\***

Please fax back to:  
Credit Department  
818-365-6196

**Or Email to:**  
[newcustomersetup@doverfoodretail.com](mailto:newcustomersetup@doverfoodretail.com)



**SALES TAX RULES AND REGULATIONS  
RESALE CERTIFICATE**

Firm Name: \_\_\_\_\_

I hereby certify, that I hold a valid seller's permit No. \_\_\_\_\_ for the state of \_\_\_\_\_ issued pursuant to the Sales and Use Tax Law, that I am engaged in the business of selling:

\_\_\_\_\_

Or,

I certify that I do not have nexus in the state of \_\_\_\_\_, therefore am not required to register as a retail merchant in this state.

The tangible personal property described herein which I shall purchase from:

**Anthony and Subsidiaries**

will be resold by me in the form of tangible personal property: Provided however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business. It is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased:

\_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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