



# Shepherd Food Equipment

## NEW CUSTOMER SET UP FORM

### INSTRUCTIONS:

The following request for information required in order to establish a new customer or request change(s) to an existing customer account. Please read and complete to help us expedite the establishment of your new or changed account.

1. Upon completion of this New Shepherd Food Equipment Account and Credit Application Form send to:  
Fax 866-528-1104 or email to [jsalmon@shepherdfood.com](mailto:jsalmon@shepherdfood.com). **\*Please allow 3-5 business days for processing.**
2. If company is tax exempt include Tax exemption(s) certificate or Resale Certificate.  
Shepherd Food Equipment must charge sales tax on your invoices (except for US Government) unless a valid, properly completed Exemption or Resale Certificate is provided.
3. If you prefer to pay by credit card and do not wish to be extended terms, please complete the attached credit card authorization.

### ACCOUNT SET UP

Are you a current Shepherd Food Equipment customer? Yes No If yes, \_\_\_\_\_  
Name of Sales Rep

### **SOLD TO ADDRESS (CUSTOMER'S PURCHASING ADDRESS)**

<b>Customer Legal Name:</b>	
<b>Street Address:</b>	
<b>PO Box Address:</b>	
<b>Postal Code:</b>	<b>City:</b>
<b>Country:</b>	<b>State/Province/Region:</b>
<b>Phone Number: ( )</b>	<b>Fax Number: ( )</b>
<b>E-mail Address:</b>	<b>Contact Name:</b>
<b>If doing business under another name, what is the DBA:</b>	
<b>Are you a foreign entity on domestic soil? If yes, please enter the country:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

### **FILL IN SHIP TO AND BILL TO ONLY IF THEY ARE DIFFERENT THAN THE SOLD TO**

**SHIP TO ADDRESS** (fill in only if shipping address is different than the Sold To Acct or in addition to the Sold To)

<b>Name:</b>	
<b>Street Address:</b>	
<b>Postal Code:</b>	<b>City:</b>
<b>Country:</b>	<b>State/Province/Region:</b>
<b>Phone Number: ( )</b>	<b>Fax Number: ( )</b>
<b>Contact Name:</b>	<b>E-mail address:</b>

### **BILLING ADDRESS (INVOICE MAILING ADDRESS)**

<b>Name:</b>	
<b>Street Address:</b>	
<b>PO Box Address:</b>	
<b>Postal Code:</b>	<b>City:</b>
<b>Country:</b>	<b>State/Province/Region:</b>
<b>A/P Phone # : ( )</b>	<b>A/P Fax #: ( )</b>
<b>A/P Email address:</b>	<b>A/P Contact Name:</b>

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# Shepherd Food Equipment

8435 Endicott Lane  
Dallas, TX 75227

(972) 926-4500 Phone  
(866) 528-1104 Fax

## FINANCIAL INFORMATION FORM AND CREDIT AGREEMENT

Full Legal Name of Applicant: \_\_\_\_\_  
Applicant's Trade Name(s): \_\_\_\_\_  
Home Office Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_  
Number of Years in Business: \_\_\_\_\_ Business Structure: Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Prop. \_\_\_\_\_  
If a Corp., Provide Tax ID#: \_\_\_\_\_ D&B# \_\_\_\_\_  
Sales Tax Exempt Yes \_\_\_ No \_\_\_ Sales Tax ID# \_\_\_\_\_  
Type of Business: \_\_\_\_\_

### Corporate Officers, Partners or Principals:

Name _____	Title _____
Address _____	Social Security No. _____
Name _____	Title _____
Address _____	Social Security No. _____
Name _____	Title _____
Address _____	Social Security No. _____

Contact Person Regarding Money Owed to Shepherd Food Equipment: \_\_\_\_\_

### **BANK REFERENCES:**

Present Bank: _____	Type Acct: _____	Date Opened: _____
Contact: _____	Phone#: _____	Acct. # _____
Previous Bank: _____	Type Acct: _____	Date Opened: _____
Contact: _____	Phone#: _____	Acct. # _____

### **TRADE REFERENCES:**

Name: _____	Contact: _____	Phone#: _____
Name: _____	Contact: _____	Phone#: _____
Name: _____	Contact: _____	Phone#: _____
Landlord Name: _____	Phone#: _____	
Landlord Address: _____		

## **PROJECT INFORMATION**

Type of Project: Public \_\_\_\_\_ Private \_\_\_\_\_ If Project is Bonded, Provide Name and Address of Surety Company: \_\_\_\_\_

Role of Applicant: Owner \_\_\_\_\_ Gen./Prime Contractor \_\_\_\_\_ Subcontractor \_\_\_\_\_ If Not Owner, Provide Name and Address of Owner: \_\_\_\_\_

## **APPLICANT'S CREDIT AGREEMENT**

Applicant authorizes SHEPHERD FOOD EQUIPMENT to investigate Applicant's credit and authorizes Applicant's bank and creditors to release credit information to SFE. Applicant agrees to pay SFE within 10 days of the date of invoice, all sums invoiced to Applicant for goods, equipment, materials and services sold by SFE to Applicant. Any past due sums shall bear interest at the rate of 1½% per month.

## **PERSONAL GUARANTY**

Principal:  
In consideration of the extension of credit by Crazy Cousins, Inc., dba Shepherd Food Equipment (SFE) to: \_\_\_\_\_

(hereinafter referred to as "The Customer") and for other valuable consideration, the undersigned hereby agrees to pay all sums of money now due and hereafter to become due from the Customer, including, without limiting the generality of the foregoing, legal and other costs of attempts to collect said sums from Customer and the undersigned, and lawful interest on said sum.

The liability of the undersigned shall be primary, and if more than one person or entity signs this agreement, shall be joint and several, and shall not be affected by discharge, extension of time, release of security, acceptance of compromise or any other modification of the liability of the Customer, and shall receive credit for any sum received on Customer's account. The undersigned hereby waives any notice of the time and amount of extension of credit to the Customer, as well as rights of set-off, redemption and counterclaim which may be alleged to exist in favor of Customer.

This agreement is intended to cover a running account or accounts by the Customer and will remain in full force and effect until 14 days after withdrawn by a writing sent by registered mail, return receipt requested and received at the above address. Such withdrawal shall be effective prospectively only, and this agreement shall remain in full force and effect with respect to all sums of money that are due and that become due from Customer as a result of transactions through and including the date 14 days after said withdrawal is received. No rights against the undersigned are waived by failure to exercise any rights against the Customer upon his default. The incorporation, merger, reorganization or sale of Customer's business shall not operate as a termination of this guaranty. The undersigned hereby agrees to pay any and all of said sums together with all legal and other cost including attorney's fees of enforcing the agreement contained herein both as against the Customer and the undersigned.

The agreement is a Texas contract and shall be interpreted under the Laws of said State and shall be effective immediately.

This agreement is binding upon the undersigned, his administrators, executors, and assigns.

Witness my/our hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Individually)

\_\_\_\_\_  
(Individually)

Witness:  
\_\_\_\_\_

The undersigned warrants that he/she is authorized by the above Applicant to execute and enter into the foregoing Credit Agreement and agrees to the terms thereof by his/her execution below, and that he/she, in his/her individual capacity, agrees to the terms and conditions of the foregoing Guaranty Agreement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

THESE AGREEMENTS ARE GOVERNED BY TEXAS LAW AND PERFORMABLE IN DALLAS, TEXAS

# Authorization for Credit Card Use

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back or 4 on front of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

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

Date: \_\_\_\_\_

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

**Return the completed and signed form to the following:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_