



# E.M. D. SALES, INC

Telephone (301) 322-4503

Wholesale Foods and Merchandise  
2010 Washington Blvd  
Baltimore MD, 21230  
Email: [emdsales@aol.com](mailto:emdsales@aol.com)

Fax (410) 385-3023

Re: New Customer Application Forms

Dear Future Customer/Sales Representatives:

First, we would like to thank you for your future business with EMD Sales Inc. In order for EMD Sales Inc. to open a **New Customer Account** we ask that you fill out a **New Customer Application Form**. Page two of our application has a space in which the customer is asked to sign. EMD will not process any applications that are incomplete and/or do not have the customers signature. It is very important that you write down your Sales Tax ID and Federal Tax ID.

In order for you to establish a line of credit with EMD Sales Inc. we ask that you add references such as: Trade and Banking references. EMD Sales Inc. has a policy that all of our New Customer must pay COD (cash or money order) **for the first three orders**. After the first three orders, EMD Sales Inc. credit department will inform the sales representative and customer if they were granted a line of credit based on the credit history/references. Please note that EMD Sales does not grant any customers a 30 day Payment terms. EMD Sales Inc would also like to inform you that there is a **\$50.00** fee charge for every insufficient fund check received.

Once we have received your Application, there is a 24 to 48 hours time period for processing the application. Time period in which we will verify your information and if any information is missing we will let you know. Once again we would like to thank you for your future patronage.

EMD Sales Inc.  
2010 Washington Blvd  
Baltimore MD, 21230

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

\_\_\_\_\_  
EMD Sales Inc. Representatives

\_\_\_\_\_  
Date



**E.M.D.SALES, Inc.**  
**2010 WASHINGTON BLVD. BALTIMORE, MD. 21230**  
**TEL: 301-322-4503 FAX: 410- 385-3023**

**Customer Information Form**

**Company Name:** \_\_\_\_\_

**Bill To:** \_\_\_\_\_

**City :** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Ship To:** \_\_\_\_\_

**City :** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **In Business Since:** \_\_\_\_\_

**Federal Tax ID:** \_\_\_\_\_ **Sales Tax ID#:** \_\_\_\_\_

**Business Form:** \_\_ (\_\_\_\_) Sole Proprietorship (\_\_\_\_) Partnership (\_\_\_\_) Corporation

**Contact Person- Accounts Payable:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Ext.#** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owners and Officers Personal Information**

<b>Name and Title :</b>	<b>Complete Address:</b>
1) _____	_____
_____	_____

**Social Security:** \_\_\_\_\_ **Driver License:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

<b>Name and Title :</b>	<b>Complete Address:</b>
2) _____	_____
_____	_____

**Social Security:** \_\_\_\_\_ **Driver License:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

THIS IS FOR INTEROFFICE USE ONLY	
CUSTOMER # _____	SALES REP# _____



E.M.D.SALES, Inc.  
 2010 WASHINGTON BLVD. BALTIMORE, MD. 21230  
 TEL: 301-322-4503 FAX: 410- 385-3023

Bank Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Trade Reference:**

Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

I \_\_\_\_\_, authorize EMD Sales Inc. to use my social security number to conduct a credit background check

This information will be used in the context of approval of an account with EMD Sales and the acceptance of checks from a Bank in the US.

**I, \_\_\_\_\_, HEREBY ACKNOWLEDGE THAT I AM AUTHORIZED TO ACT ON BEHALF OF THE NAMED APPLICANT. IN ADDITION, I HEREBY AGREE THAT IN THE EVENT THE APPLICANT FAILS TO PAY ITS BILL WITHIN \_\_\_\_ DAYS FROM THE DATE OF DELIVERY OF GOODS BY E.M.D SALES. THE APPLICANT SHALL ALSO BE LIABLE FOR ALL COSTS OF COLLECTION, COURT COSTS AND ATTORNEY FEES INCURRED BY E.M.D SALES I ALSO UNDERSTAND AND AGREE THAT PAYMENT TERMS OF ALL SALES ARE \_\_\_\_ DAYS FROM DELIVER AND THAT THEREAFTER , THE APPLICANT WILL BE CHARGED INTEREST AT THE RATE OF ONE-PERCENT PER MONTH AND THAT THERE WILL BE A FEE OF \$50.00 FOR EACH BOUNCED CHECK. BY SIGNING THIS CREDIT APPLICATION, THE UNDERSIGNED HEREBY AGREES THAT HE OR SHE SHALL GUARANTEE AND BE PERSONALLY LIABLE TO E.M.D INCURRED SALES FOR ALL UNPAID BILLS BY THE APPLICANT, PLUS E.M.D SALES' COSTS AND ATTORNEY FEES.**

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date



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**RESALE CERTIFICATE**

**This is to certify that all tangible personal property or taxable services purchased from EMD SALES, INC. are intended for resale as tangible personal property.**

**This is to certify shall be considered as a part of each order we shall give, provided that the orders bears our sales and use tax registration number of the State of \_\_\_\_\_ and is to continue in force until revoked.**

**Buyer's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Sales and Use Tax Number:** \_\_\_\_\_

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

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



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**2010 WASHINGTON BLVD. BALTIMORE MD. 21230**  
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**BANK AUTHORIZATION FORM**

Company Name: \_\_\_\_\_

Bill To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Ship To: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Telephone:(\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

I \_\_\_\_\_, authorize the above Banking Institutions to provide information to EMD Sales, Inc about our accounts, credit and payment history.

This information will be used in the context of approval of an account with EMD Sales and the acceptance of checks from a Bank in the US.

\_\_\_\_\_  
**Printed Name** \_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_  
**Date**