General Offices 3635 Main St. Kansas City, Mo 64111 (816) 960-6400 - Phone (816) 423-4851 - Fax Emporia - (316) 342-7121 Grandview - (816) 763-5000 Independence - (816) 373-5510 Junction City - (785) 238-1500 KC-Downtown - (816) 221-2220 KC-Midtown - (816) 423-4860 KC-Waldo - (816) 822-7900 Laurie - (573) 374-6003 Lawrence - (785) 841-5815 Leavenworth - (913) 727-9000 Lee's Summit - (816) 246-1600 Lenexa - (913) 492-7100 Liberty - (816) 781-1204 Manhattan - (785) 776-9271 Maryville - (660) 562-2040 Olathe - (913) 829-9090 Osage Beach - (573) 348-1779 Riverside - 816) 741-4660 Sedalia - (660) 826-6001 St. Joseph - (816) 232-5469 Topeka - (785) 234-6627 Warrensburg - (660) 747-2626

## **NEW ACCOUNT APPLICATION**

Circle the closes	t Reeves-Wiedeman Locatio	on to you.	R-W Contact	
Emporia - Independend Lenexa - Liberty -	ce - Junction City - KC-Downtown - KC-I Manhattan - Maryville - Olathe - Osage	Midtown - KC-Waldo - Beach - Riverside - S	Laurie - Lawrence - l edalia - St. Joseph -	_eavenworth - Lees Summit Topeka - Warrensburg
Company Name				
Mailing Address				
City	C	ounty	State	Zip
Owner(s)				
Phone #		Fax #		
	nership Sole Owner (Circle One)			
Years in Business_	Soc.Sec. Or Fed I.D.#			
Has this business, a	any other business that the owners or partners individually filed for ba	s, officers or partne	rs have been invol	ved with, or any of
TYPE OF BUSIN	NESS:			
You will be cha	rged sales tax unless you f	fill out the tax e	xempt certific	ate below:
purchases to us and that	lentified within this new account application any such purchases are for wholesale, res our business. We are in the business of wh	sale ingredients or com	nonante of a now prod	unt to be recold leased as sented
City or State	State Registration or ID number	City or State	S	State Registration or ID number
tne tax due direct to the p each order which we may	y property so purchased or consumed by the proper taxing authority when state law so proper taxing authority when state law so proper taxing authority when state law so property that the information of this form is true	rovides or inform the se	ller for added tax billing	This cortificate shall be nort of
Authorized Signature (C	owner, Partner or Corporate Officer)	Title	Da	ate

Page 1

OWN	IERS/OFFICEI	<b>२</b> ร			
	NAME	POSITION	HOME ADDRESS	CITY	ST ZIP
1					
2					
3					
1	NAME —————		•	PHONE OR EXTER	NSION
3					
Shipp	ng or Delivery	Address			
			Zip		
Bookk	eeper		Bookkeeper P	none #	
Antici	pated monthly <sub>l</sub>	purchases? \$_	Maria de la companio		
What	credit limit is ad	dequate for your b	uying needs? \$	····	
Do yo	u require a Pur	chase Order # to	be on your orders? Yes	_ No Job Name?	' YesNo
Do yo	u accept back	orders? Always	Upon Request N	ever	
Do yo	u accept substi	itutions? Always_	Upon Request N	lever	
Do yo	u want your de	livery tickets price	d? Always Upon Red	quest Never	
Please	e describe any	special billing requ	uirements you may have b	pelow:	
(For m	ultiple bill to ar	nd/or ship to accou	unts)		
		7,000			WANDER

## INDIVIDUAL PERSONAL GUARANTEE

In consideration of extending credit at my request by completing this new account application, I hereby personally guarantee to you, Reeves-Wiedeman Co., 3635 Main St., Kansas City, Mo 64111, of any obligation and I hereby agree to bind myself to pay you on demand any sum which may become due to you by my firm whenever the firm shall fail to pay the same, plus any reasonable collection and attorney fees Reeves-Wiedeman company incurs in collection of the debt. It is understood that this guarantee shall be a continuing and irrevocable guarantee and modification or renewal of the credit agreement

## **AUTHORIZATION TO OBTAIN CREDIT INFORMATION & ACCEPTANCE OF TERMS**

By your signature you hereby authorize and give permission to Reeves-Wiedeman Company to run a full investigation of your credit history, but not limited to, obtaining a consumer credit report. You also authorize Reeves-Wiedeman Company to contact the credit references listed and hereby give permission to those references listed to release information about your credit experience with them. I further understand and agree to pay with the Reeves-Wiedeman Company net 30 days credit terms and a 2% late charge per month on all past due invoices.

SIGNATURE MARRIEDSINGLE	SOC SEC NUMBER	TITLE				
SPOUSE'S SIGNATURE	SOC SEC NUMBER					
DATE						
TRADE REFERENCES  NAME:  1	2 3	AIL ADDRESS:				
BANK:ACCT.#:						
PERSONAL REFERENCES: List those you may know in our organization or the industry:						
How did you learn about us?						