



America's Premier Certified Organic Distributor

New Customer Application (Required)

Account Name: \_\_\_\_\_ Back-up Name: \_\_\_\_\_

We cannot have two accounts with the same name.

Coordinator/Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Town: \_\_\_\_\_ E-mail address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ FAX number: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Number of households in your buying club: \_\_\_\_\_ Is your group open to new members? [ ] Yes [ ] No

How did you hear about us? \_\_\_\_\_

Have you purchased food from a wholesaler before? [ ] Yes [ ] No From whom? \_\_\_\_\_

New Delivery Request (Required)

Delivery day and time is subject to change. Our truck delivery routes are planned to balance customer service and efficient use of equipment and drivers' time. We are not longer setting up accounts at residence locations. Generally we look for a site on or near a state highway. In the event that we are not able to deliver directly to your proposed location, we will ask you to meet the truck at another delivery site.

How does your group plan to receive orders: [ ] Pickup at warehouse [ ] Delivered on UNFI truck

Proposed Delivery Site:

Delivery Contact Person #1:

Place: \_\_\_\_\_ Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ Delivery Contact Person #2

County: \_\_\_\_\_ Name: \_\_\_\_\_

State: \_\_\_\_\_ Zip\*: \_\_\_\_\_ - \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Site Phone: \_\_\_\_\_

Site Availability Hours: \_\_\_\_\_ Approximate order size:\$ \_\_\_\_\_

Region 1: Please include a map or written directions from the nearest major highway with this application.

Region 3: Please include a hand drawn map from the nearest major highway with this application

(See www.unitedbuyingclubs to determine which UNFI region serves your area.)



Bank name and account number \_\_\_\_\_

(We suggest that you call United Natural Foods with your group name prior to opening any group bank account, as we occasionally must ask groups to change their name in order to avoid duplication.)

(Optional) State Sales Tax Permit # \_\_\_\_\_

We will charge the club sales tax on all taxable items if the club does not have a sales tax permit. If the club wishes to pay its own sales tax, the appropriate forms and information can be obtained from your state Department of Revenue.

**Terms of Account:**

1. Terms are COD unless otherwise agreed. A monthly charge of 1 ½% will be levied on all amounts past 30 days from the due date, including on accrued and unpaid interest (18% per annum) and/or a reduction in any volume discounts or incentives will be implemented.
2. There will be a fee of \$25 imposed on any returned check.
3. I/We agree to be liable for the full balance due on this account, even if it exceeds the amount of credit requested.
4. United Natural Foods, Inc. may assign this application to any persons or entity, and the applicants' and guarantors' obligations hereunder shall remain binding.
5. I/We agree that this account is unrestricted unless I/We notify in the contrary. I/We further understand that any restrictions on this account can be honored at one location, to which the account has been assigned.
6. Connecticut law shall govern all terms of this application. Any proceeding relating to this application shall be brought only in a court or competent jurisdiction in Connecticut.
7. In the event of any changes in responsible parties, the undersigned will notify United Natural Foods, Inc. in writing, the name, address and phone number of the new responsible party. The terms of this agreement will remain in full force until acknowledged in writing by United Natural Foods, Inc.

Our group has read the material enclosed and will abide by the procedures and policies therein. We understand that all members of our group are responsible for the group's financial obligations.

The undersigned personally guarantee payment on each invoice and the performance of all terms and conditions of this Application. This is a continuing guaranty and shall remain in full force until written revocation is received and acknowledged by United Natural Foods, Inc. In the event of more than one (1) guarantor, liability shall be joint and several. Executed by the undersigned Guarantor(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Person(s) responsible for payment: \_\_\_\_\_

X \_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

For questions related to the Terms of Account: email jnorwood@unfi.com or call 800-451-2525, ext 2979

**Please return this application to the New Accounts Coordinator for your region (see map)**

For all other questions: Contact the New Accounts Coordinator for your region (see map on www.unitedbuyingclubs.com)