



DATE _____

SHIP TO:

BILL TO:

OWNERSHIP NAME _____

ADDRESS _____

(DBA) TRADE NAME _____

CITY, STATE, ZIP _____

ADDRESS _____

ACCOUNTS PAYABLE CONTACT _____

CITY, STATE, ZIP _____

PHONE NO. _____

ACCOUNTS PAYABLE PHONE NO _____

A/P FAX NO. _____

PRIMARY EMAIL _____

FAX NO. _____

ACCOUNTS PAYABLE EMAIL _____

NEW OWNER? YES NO PURCHASE DATE _____ LENGTH OF PRESENT OWNERSHIP _____

BUILDING/FACILITIES: OWNED LEASED OWNERS NAME _____

HOW LONG AT PRESENT ADDRESS: _____ IF LESS THAN 3 YEARS, GIVE FORMER ADDRESS _____

TAX EXEMPT: YES NO STATE TAX ID NUMBER _____

PROPRIETORSHIP PARTNERSHIP LIMITED PARTNERSHIP CORPORATION LIMITED LIABILITY COMPANY NON-PROFIT

IF A CORPORATION, UNDER LAWS OF WHICH STATE? _____ DATE INCORPORATED _____ PUBLIC _____ PRIVATE _____

COUNTY WHERE LOCATED _____

IF A SUBSIDIARY-GIVE PARENT COMPANY ADDRESS AND PHONE NUMBER: _____

PROVIDE THE FOLLOWING INFORMATION FOR INDIVIDUAL PROPRIETORS, GENERAL PARTNERS OR CORPORATE OFFICERS:

About Your Business

NAME _____ NAME _____ NAME _____

TITLE _____ TITLE _____ TITLE _____

HOME ADDRESS _____ HOME ADDRESS _____ HOME ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

HOME PHONE NO. _____ HOME PHONE NO. _____ HOME PHONE NO. _____

SOCIAL SECURITY NO. _____ SOCIAL SECURITY NO. _____ SOCIAL SECURITY NO. _____

DRIVERS LICENSE NO. _____ DRIVERS LICENSE NO. _____ DRIVERS LICENSE NO. _____

HAVE ANY OF THE OWNERS, PARTNERS, OR CORPORATE OFFICERS FILED FOR BANKRUPTCY WITHIN THE LAST 7 YEARS? _____

IF SO, WHERE: _____

TYPE OF BUSINESS: RESTAURANT FAST FOODS INSTITUTIONAL HOTEL/MOTEL SEATING CAP: _____

HOSPITAL NURSING HOME OTHER _____

Foodservice Requirements

GENERAL INFORMATION: WEEKLY PURCHASES \$ _____ MONTHLY SALES VOLUME \$ _____ NUMBER OF EMPLOYEES: _____

TERMS REQUESTED: COD NET 7 SEMI-MONTHLY

BANKING INFORMATION:

Banking Information

BANK NAME _____ ADDRESS _____ CITY, STATE, ZIP _____

LOAN OFFICER _____ PHONE NO. _____

CHECKING ACCOUNT NO _____ BALANCE _____ LOANS ACCOUNT NO _____ BALANCE _____

REFERENCES (FOOD DISTRIBUTORS PREFERRED)

References

BUSINESS NAME _____ BUSINESS NAME _____ BUSINESS NAME _____

STREET ADDRESS _____ STREET ADDRESS _____ STREET ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

PHONE NO. _____ PHONE NO. _____ PHONE NO. _____



Credit Terms & Conditions of RRS Foodservice

The undersigned ("Purchaser") agrees that all purchases from RRS Foodservice ("Seller") are subject to the following terms and conditions:

Purchaser verifies that all financial information furnished is true and correct and hereby grants permission for any person to furnish to Seller any and all information which may periodically be requested. Purchaser also agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by the Purchaser or by any person representing himself/herself, itself to be an agent, employee, or representative of the purchaser. Credit terms are at the absolute discretion of the Seller's Credit Department who may terminate, alter or deny credit without notice and without cause. All sales are Check or Money Order on delivery (COD) unless otherwise specified by the RRS Credit Department. All past due accounts accrue interest at the legal rate of 18% per annum on unpaid balance of each invoice. The accrual or payment of interest does not authorize the Purchaser to defer payment of any indebtedness beyond the credit terms stated herein. In the event of a suit or any other legal and/or administrative action brought by the parties herein to enforce their legal rights, the prevailing party thereunder is entitled to recovery of reasonable attorney's fees and court costs so incurred. Purchaser shall notify Seller by certified mail of any change in ownership or operation of Purchaser, or otherwise remain liable.

Signature _____ Date _____
Owner/Partner/Officer

Personal Guaranty

The undersigned, for and in consideration of the extension of credit by RRS Foodservice, a division of J. L. Culpepper, & Co., Inc. (hereinafter referred to as "the Company"), to _____ (hereinafter referred to as "the Borrower"), jointly and severally hereby personally guarantees to the Company the payment at 201 Haley Road in the State of Virginia 23005 or such other place as the Company may designate, of any obligation of the Borrower and I/we hereby agree to bind myself/ourselves to pay the Company on demand any such obligation that is due or may become due to the Company by the Borrower whenever the Borrower shall fail to pay the same. Additionally, I/we agree to pay reasonable attorney's fees and court costs, in the event the account is referred to an attorney for collection. It is understood that this guaranty shall be a continuing irrevocable guaranty and indemnity for such indebtedness of the Borrower to the Company incurred at any time on or before the date on which the Company receives my/our written notice notifying the Company that I/we will no longer guaranty and indemnify any future indebtedness incurred by the Borrower to the Company. Such notice shall not, however, relieve me/us of my/our obligations under this Personal Guaranty with respect to any indebtedness of Borrower to Company incurred at any time prior to Company's receipt of this notice. I/we hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed, waiving homestead and all other exemptions, stay of execution, and the right to appeal. This guaranty shall be binding upon the heirs, by the Company, its successors and assigns, including any entity to whom all or part of the Borrower's indebtedness may be sold or transferred; provided however, that in the event such sale or transfer covers only a part of the Borrower's indebtedness hereby guaranteed, the Company shall have the right to enforce this guaranty as to that portion of the Borrower's indebtedness retained and owed by the Borrower. All of the information is given for the purpose of obtaining credit. I/we hereby certify that the statements contained herein are true and correct, and authorize the Company to investigate my/our credit history. I/we must give 30 days written notice in the event I/we are no longer responsible for debt incurred by the business or remain liable.

Signature: _____	Signature: _____
Date: _____	Date: _____
Print Name: _____	Print Name: _____
Social Security #: _____	Social Security #: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Witness: _____	Witness: _____

Have you ever owned 25% or more of a business or entity that failed (including bankruptcy or receivership proceeding)? _____

If yes, provide a complete description on a separate page.

Have you ever signed any other personal guaranty for the above named entity? _____

Approval (RRS Use Only)

Terms	Approved By	Date
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COMMONWEALTH OF VIRGINIA
SALES AND USE TAX CERTIFICATE OF EXEMPTION

(For use by a Virginia dealer who purchases tangible personal property for resale,
or for lease or rental, or who purchases materials or containers
to package tangible personal property for sale)

To: _____ Date _____
(Name of supplier)

_____, _____, _____, _____
(Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

The Virginia Retail Sales and Use Tax Act provides that the Virginia Sales and use tax shall not apply to tangible personal property
purchased for resale; that such tax shall not apply to tangible personal property purchased for future use by a person for taxable lease or rental
as an established business or part of an established business, or incidental or germane to such business, including a simultaneous purchase
and taxable leaseback. The Act provides also that such tax shall not apply to packaging materials such as containers, labels, sacks, cans, boxes,
drums or bags if the materials are marketed with a product being sold and become the property of the purchaser.

This Certificate of Exemption may not be used by a using or consuming construction contractor as defined in the Regulations.

The undersigned dealer hereby certifies that all tangible personal property purchased from the above named supplier on and after this
date will be purchased for the purpose indicated below, unless otherwise specified on each order, and that this Certificate shall remain in effect
until revoked in writing by the Department of Taxation. (Check proper box below.)

- 1. Tangible personal property for RESALE only.
2. Tangible personal property for future use by a person for taxable LEASE OR RENTAL as an established business, or part of
an established business, or incidental or germane to such business, or a simultaneous purchase and taxable leaseback.
3. Packaging materials such as containers, labels, sacks, cans, boxes, drums or bags that are marketed with a product being sold
and become the property of the purchaser.

Name of Dealer _____ Certificate of
Registration No. _____

Trading as _____

Address _____
(Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

Kind of business engaged in by dealer _____

I certify that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct,
made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

By _____ (Signature) _____ (Title)

(If the dealer is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign;
if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.)

Information for supplier—A supplier is required to have on file only one Certificate of Exemption properly executed by the dealer who
buys tax exempt tangible personal property for the purpose indicated hereon.



ACCOUNT DELIVERY/CUSTOMER INFORMATION

NOTE: This form MUST accompany the APPLICATION FOR CREDIT for ALL NEW ACCOUNTS

Account Number

DSR's Name

DSR Sales #

Date

Account Name: _____

Street Address 1: _____

Street Address 2: _____

City, State, & Zip: _____

Special Delivery Instructions: _____

Contact: _____

Telephone (include Area Code & Ext.): _____

Fax: _____

Cell Phone: _____

	Yes	No
Statements:	_____	_____
Substitutes:	_____	_____
Allowances/Deals:	_____	_____
Taxable:	_____	_____

How will the orders be processed:

Sales Rep Remote: _____

Internet Ordering: _____

Other (explain): _____

Delivery Instructions

Business Hours: Open: _____ Close: _____ Zone: _____

<p>Call Days:</p> <p>_____ Monday</p> <p>_____ Tuesday</p> <p>_____ Wednesday</p> <p>_____ Thursday</p> <p>_____ Friday</p> <p>_____ Saturday</p> <p>_____ Sunday</p>	<p>Requested Delivery Days/Times: (Minimum 4 hour delivery window)</p> <p>_____ Monday _____ To _____ To _____</p> <p>_____ Tuesday _____ To _____ To _____</p> <p>_____ Wednesday _____ To _____ To _____</p> <p>_____ Thursday _____ To _____ To _____</p> <p>_____ Friday _____ To _____ To _____</p> <p>If more than one account # for this location, enter the Master Number: _____</p>	<p>Delivery Conditions:</p> <p>_____ Platform</p> <p>_____ Street Level</p> <p>_____ Elevator</p> <p>_____ Conveyor</p> <p>_____ Palletized</p> <p>_____ Steps: If checked, how many _____</p>
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Locator Map

Indicate Account location on the map and show relevant information.

Please indicate direction of North and South.

