Ph# (918) 224-7777 Fax# (918)224-0050

STANDARD DISTRIBUTING COMPANY

Account #_	
Route #	Stop #

acctrec@standarddistributing.com NEW CU

NEW CUSTOMER INFORMATION

Please print or type.
Revised 04/13/2018

Date:	Revised 04/13/2018		Sales Rep:
Company Name:	DBA		
Address:	City	State	Zip
Phone #: Fax #:	A/P E-Mail:		
Billing Address: (if Different)	City	State	Zip
Special Billing Instructions and/or T	`erms:		
FED.ID #	Sales Tax/Cig/Tobacco Licens	e#	
Exp. Date of License:	Attach copy of Sales Tax, Cigare	<u>tte Permits & Tobacco Li</u>	<mark>cense</mark>
A/P Contact:	Phon	Phone #:	
Date business started:	How long under present owner	rship?	
s your company a \square Corporation \square	Partnership Sole Proprietorship	l LLC 🗆	
Name(s) of Principal(s) For Sole Pro	oprietorship & Partnership:		
* · · · · · · · · · · · · · · · · · · ·	Title:	S.S. #:	
2	Title:	S.S. #:	
Owner Information:			
	S.S.#		
	City		
	D.O.B.:		
	Co		
Bank Phone #:	Checking #:	Savings #:	
Who are you currently buying fro	m?		
l	Address:	Phone #:	
2	Address:	Phone #:	
Store Buildings: Leased Own	ned Monthly lease/rent/mortgage p	payment: \$	
If leased: Name, address & phone #	of landlord)		
	nts filed against Applicant or related pa ☐ No If yes, please explain Credit Agreement		
represent the company in this matter. Further, payment practices and other factors that may banking references provided above and auth databases to obtain any information that may	ication, I am stating that I am a legal agent of the James I am a legal agent of the James I hereby authorize Standard Distributing to contain help Standard Distributing assess credit work orize the bank people to provide Standard Distribution assist in assessing credit risk. Any misrepresent inducement to grant credit, the undersigned war	act the three trade references, and thiness. I also authorize Standar ributing with information regardination in this application will be of	I inquire about the company d Distributing to contact the ng national, regional or locations considered evidence of frauctions
Co-Signed (if applicable:	Print Name:		Date:
lue Standard Distributing, and agree that I at the agreement of which this Applicant is a pa his agreement, returned checks are subject nonthly or 0.102% daily, whichever effect standard Distributing be forced to file a lega Distributing to add reasonable collection con pplicant and undersigned hereby uncondition creek County, State of Oklahoma in respect of	Personal Guarantee/Waiver guarantee the payment of any outstanding balant mersonally obligated to meet all of the terms of art. Absent written permission by Standard Distrito a \$50 fee and all outstanding balances past ive rate is greater, but in no event shall said in all claim against the applicant and/or the undersignests, legal costs and attorney fees to the assigned mally and irrevocably consent to the exclusive pof any claim, action, suit or other proceeding arisitor of other proceeding, hereby unconditionally and utes an inconvenient forum.	of and make all payments to Stan- buting, this personal guarantee is term are subject to compounding atterest exceed the maximum amound balance due at the time of colle ersonal and subject matter jurisdi- ing out of or relating to this agreei	dard Distributing required by not to be revoked. As part of ginterest charges of 3.1450 bunt allowed by law. Shoulunt, it is the right of Standar ection and legal pursuit. The ction of the District Court of the district and/or guarantee, and it is not to be seen to be required to the district of the d
Signed:	Print Name:		Date:

Co-Signed (if applicable: ______ Print Name: _____

_____Approved By:

Date Approved: __