

NEW CUSTOMER CHECKLIST

**Name of Account
& Number:** _____

Salesperson: _____ **Type of Account (i.e. street etc...)** _____

**Is this account affiliated with
any other current accounts?** _____

Delivery Information:

Name: _____

Street Address: _____

Address Line 2: _____

City, State, Zip code: _____

Phone #: _____

Nearest Major Intersection: _____

Delivery Requirements or Instructions? *(Example: Bring order in through front door; or Must have a badge)*

How is the delivery made? From Dock? From Street? _____

Opening Time:
(For Deliveries) _____

Delivery Window 1:
(A Preferred Time Range) _____

Closing Time:
(For Deliveries) _____

Delivery Window 2:
(OPTIONAL: Doesn't overlap) _____

Days Closed (Circle all that apply): Mon Tue Wed Thu Fri Sat

Requested Delivery Days (Circle all that apply): Mon Tue Wed Thu Fri Sat

Contact Info:

Contact Name 1: _____

Title: _____

Phone #: _____ Cell #: _____

Fax #: _____

Email Address: _____

(Optional) Contact Name 2: _____

Title: _____

Phone #: _____ Cell #: _____

Fax #: _____

Email Address: _____

Accounting Contact: _____

Title: _____

Phone #: _____

Fax #: _____

Email Address: _____

Order Guide	<input type="checkbox"/> Email	<input type="checkbox"/> And/or	Fax	<input type="checkbox"/>	Use:	<input type="checkbox"/> Contact 1	<input type="checkbox"/> Contact 2	<input type="checkbox"/> Both
Promotional E-mails	<input type="checkbox"/> Email				Use:	<input type="checkbox"/> Contact 1	<input type="checkbox"/> Contact	<input type="checkbox"/> Both
Order Confirmations	<input type="checkbox"/> Email	<input type="checkbox"/> And/or	Fax	<input type="checkbox"/>	Use:	<input type="checkbox"/> Contact 1	<input type="checkbox"/> Contact 2	<input type="checkbox"/> Both

Enroll in Web Ordering Yes No

To enroll in web ordering, the following must be completed:

Password chosen: _____

(Maximum of 10 Characters, can not be account name, must have letters and numbers)

Email Web Order Confirmations to: Contact 1 Contact 2 Both None

Enroll in Testa Natural Yes No

To enroll in web ordering, the following must be completed:

Contact Name: _____

Contact E-mail: _____

ADDITIONAL CONTACTS

Contact Name: _____

Contact E-mail: _____

Contact Name: _____

Contact E-mail: _____

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 www.testaproduce.com

TESTA PRODUCE, INC.

Green by Nature... Greener by Choice

CUSTOMER CREDIT APPLICATION

Venue Information			
Doing Business As:		Contact:	
Delivery Street Address:		Bldg No.:	
City:	State:	Zip:	
Phone No.:	Fax No.:		

Corporation Information			
Corporate Name:		Contact:	
Street Address:	City:	State:	Zip:
Phone No.:	Fax No.:		
President:	Address:		
Vice President:	Address:		
Secretary:	Address:		
Treasurer:	Address:		

State Tax Information			
Organization Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency			
FEIN No.:	State Tax Resale No.:	State:	
<input type="checkbox"/> Non- for- Profit: Attach Letter			

Bank Information			
Bank Name:			
Street Address:	City:	State:	Zip:
Bank Contact:	Phone No.:		
Account Type:	Account No.:		

Trade Reference Information			
Vendor:	Contact:	Phone No.:	
Street Address:	City:	State:	Zip:
Vendor:	Contact:	Phone No.:	
Street Address:	City:	State:	Zip:
Vendor:	Contact:	Phone No.:	
Street Address:	City:	State:	Zip:

Testa Sales Representative:

Authorization and Agreement to release credit and bank information.

In support of this application, Testa Produce, Inc. is hereby authorized to obtain credit and/or financial information from my/our banks, other financial institutions or commercial firms with whom I/ we have done business. It is understood that any such credit/financial information will be held in strict confidence and used only for consideration for this application. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as indicated on the invoice from date of invoice. Should I/we not pay Testa Produce, Inc. according to terms, it is understood that credit privileges may be withdrawn. Should Testa Produce, Inc. find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay all reasonable attorney fees, collection agency fees and/ or court costs necessary to collect past due accounts.

Authorized Signature:	Date:
Print Name:	Title:

RETURN TO:
EMAIL: info@testaproduce.com or FAX: (312) 455-0078



CRT-61 Certificate of Resale

Step 1: Identify the seller

1 Name _____

2 Business address _____

City State Zip

Step 2: Identify the purchaser

3 Name _____

4 Business address _____

City State Zip

5 Complete the information below. Check only one box.

- The purchaser is registered as a retailer with the Illinois Department of Revenue. _____
Account ID number
- The purchaser is registered as a reseller with the Illinois Department of Revenue. _____
Resale number
- The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

- I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.
- I am the identified purchaser, and I certify that the following percentage, _____ %, of all of the purchases that I make from this seller are for resale.

Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

Purchaser's signature Date

Note: It is the seller's responsibility to verify that the purchaser's Illinois account ID or Illinois resale number is valid and active. You can confirm this by visiting our web site at tax.illinois.gov and using the Verify a Registered Business tool.

General information

When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property. Do not mail the certificate to us.

Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois account ID number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

Note: A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

Specific instructions

Step 1: Identify the seller

Lines 1 and 2 Write the seller's name and mailing address.

Step 2: Identify the purchaser

Lines 3 and 4 Write the purchaser's name and mailing address.

Line 5 Check the statement that applies to the purchaser's business, and provide any additional requested information.

Note: A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

Step 3: Describe the property

Line 6 On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

Step 4: Complete for blanket certificates

Line 7 The purchaser must check the statement that applies, and provide any additional requested information.

Step 5: Purchaser's signature

The purchaser must sign and date the form.