

# 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: \_\_\_\_\_

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

4555 S. Racine Avenue  
 Chicago, IL 60609  
 p. (312) 226-3237  
 f. (312) 455-0078  
 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](mailto: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](http://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.