

**New Customer Information/Credit Sheet  
Buffalo Fermentation Inc.**

**Vendor Information**

Company:	Address:	
dba:	Phone:	Email:

Type of Company:

 Corp.

 Partnership

 Proprietor

 LLC

**Owners/Officers**

Name:
Title:
Email:
Phone:
EIN/SSN:                      Yes / No.. NYS Sales Tax # the Same

\*\*SSN or W9 Required for Sole Proprietors\*\*

Address:
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**Owners/Officers**

Name:
Title:
Email:
Phone:
EIN/SSN:                      Yes / No.. NYS Sales Tax # the Same

\*\*SSN or W9 Required for Sole Proprietors\*\*

Address:
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**Contact Information**

Buyer:	Email:	Phone:
Store Manager:	Email:	Phone:
Payables:	Email:	Phone:

**References** (Please provide 3 trade references)

1) Company Name:	Phone:	Email:	Contact Name/Acct. #:
2) Company Name:	Phone:	Email:	Contact Name/Acct. #:
3) Company Name:	Phone:	Email:	Contact Name/Acct. #:

**Sales Tax Exemption Certificates ARE REQUIRED FOR WHOLESALE CUSTOMERS.**

**Applicable NYS taxes will be assessed if certificate(s) not provided**

In consideration of the extension of credit and establishment of credit account, applicant acknowledges liability for payment of amount due Buffalo Fermentation Inc. for delivery of BF products. IF Buffalo Fermentation must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the maximum legal rate. By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date