



NEW VENDOR APPLICATION

General Information		
Complete Legal Business Name		
DBA, if applicable		
Business Phone Number		Fax
Website		
Corporate Address		
Address Line 1		
Address Line 2		
City		State
Postal Code		Country
Remittance Address <input type="checkbox"/> Check here if remittance is the same as the corporate address		
Address Line 1		
Address Line 2		
City		State
Postal Code		Country
Corporate Information		
Sales Rep Name		
Sales Rep Phone Number		E-mail
A/R Billing Contact Name		
A/R Billing Phone Number		E-mail
Product Information		
Description of products to be considered for sale		
Pete's Contact Person/Buyer		
Required Documentation – Send completed packet with application to Pete's Market Controller GM Warehouse c/o Controller 3925 W. 43rd Street Chicago, IL 60632 E: controller@petesfresh.com P: 773-869-8411 ext. 37474 F: 773-927-0785		
<input type="checkbox"/> Copy of current business license or application for business license <input type="checkbox"/> Completed copy of W-9 form with TID/FEIN <input type="checkbox"/> State Issued Sales Tax License <input type="checkbox"/> Certificate of Insurance (Acord Form 25) naming Pete's Market & GM Warehouse as additionally insured for General Liability insurance and a Waiver of Subrogation regarding Worker's Compensation insurance in favor of Pete's Market. Certificate Holder: Pete's Market & GM Warehouse c/o 3925 W. 43rd Street, Chicago, IL 60632		
For Pete's Market Office Use Only: <input type="checkbox"/> All required documentation has been received. Controller: _____ Initials: _____ <input type="checkbox"/> New Vendor has been approved. Corporate Approver: _____ Initials: _____ Approved Stores: <input type="checkbox"/> GM/TP <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> #11 <input type="checkbox"/> #12 <input type="checkbox"/> #13 <input type="checkbox"/> #14 <input type="checkbox"/> #15 <input type="checkbox"/> #16 <input type="checkbox"/> #17 <input type="checkbox"/> #18 <input type="checkbox"/> #19 <input type="checkbox"/> #20 <input type="checkbox"/> #21 <input type="checkbox"/> #22 <input type="checkbox"/> #23		