

Pete's Fresh Market  
New Vendor Application Form



Complete Legal Business Name: \_\_\_\_\_

DBA, if applicable: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Fax #: \_\_\_\_\_

Website Address: \_\_\_\_\_

Sales Rep Name: \_\_\_\_\_

Sales Rep Contact Phone #: \_\_\_\_\_

Sales Rep Email Address: \_\_\_\_\_

Accounts Receivable/Billing Contact Name: \_\_\_\_\_

Accounts Receivable/Billing Contact Email Address: \_\_\_\_\_

AR/Billing Contact Phone #, if different from above: \_\_\_\_\_

Description of products to be considered for sale to Pete's Fresh Market:  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Pete's Fresh Market Buyers currently working with: \_\_\_\_\_

**Required documentation:** Send completed packet w/ application to Trish Gross (contact info below)

- ✓ Copy of current business license or application for business license
- ✓ Completed copy of W-9 form with TID/FEIN
- ✓ State Issued Sales Tax License
- ✓ Certificate of insurance (Acord Form 25) naming Pete's Fresh Market, West Lawn Market, and GM Warehouse as additionally insured for General Liability insurance and a Waiver of Subrogation regarding Worker's Compensation insurance in favor of Pete's Fresh Market. Certificate Holder: Pete's Fresh Market, West Lawn Market, and GM Warehouse c/o 3925 W. 43rd St., Chicago, IL 60632.

*Please allow 5-7 business days for processing*

Any questions please contact Trish Gross (*Controller*)

Pete's Fresh Market/GM Warehouse/West Lawn Market  
3925 W. 43rd Street, Chicago, IL 60632  
Email: trish@petesfresh.com  
Voice: 773-869-8411 ext. 4323  
Fax: 773-927-0785

*For PFM Office Use Only:*

Accounting Department Initials – All required documentation has been received: \_\_\_\_\_

PFM Corporate Initials – New Vendor has been approved: \_\_\_\_\_

Approved Stores:  Warehouse  #1  #2  #3  #4  #5  #6  #7  #8  #9  #10  #11  #12