



New Vendor Application Form

General Information			
Complete Legal Business Name			
DBA, if applicable			
Business Phone Number		Fax	
Website Address			
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 Fresh Market Buyers			
Required Documentation – Send completed packet w/ application to Pete's Controller			
GM Warehouse c/o Controller 3925 W. 43 rd Street Chicago, IL 60632 E: controller@petesfresh.com P: 773-869-8411 ext. 4323 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 w/ TID/FEIN <input type="checkbox"/> State Issued Sales Tax License <input type="checkbox"/> 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. 43 rd Street, Chicago, IL 60632			
For PFM Office Use Only: All required documentation has been received: Controller: _____ Initials: _____ New Vendor has been approved. Corporate Approver: _____ Initials: _____ Approved Stores: <input type="checkbox"/> GM <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			