



New Vendor Application Form

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"/> <i>Check here if remittance is the same as the Corporate Address</i>			
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 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. 37374 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 & 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 & 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"/> #01 <input type="checkbox"/> #02 <input type="checkbox"/> #03 <input type="checkbox"/> #04 <input type="checkbox"/> #05 <input type="checkbox"/> #06 <input type="checkbox"/> #07 <input type="checkbox"/> #08 <input type="checkbox"/> #09 <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 <input type="checkbox"/> #24 <input type="checkbox"/> #25			