

NEW CUSTOMER APPLICATION (COD CUSTOMERS ONLY)

N. KOHL GROCER COMPANY, INC.

(d/b/a) KOHL WHOLESALE ("Kohl")

130 Jersey Street

P O Box 729

Quincy, IL 62306-0729 217-222-5000

Toll Free: MO/IA 800-245-5645 IL 800-222-5645

Accounting Fax: 217-222-5035

Website: www.kohlwholesale.com

Email: credit@kohlwholesale.com



Incomplete and illegible applications will not be processed.

Sales Rep #: _____

Account #: _____

Date: _____

APPLICANT/CUSTOMER INFORMATION

Name: _____

Trade Name (If Different): _____

Business Address: _____

City, State, Zip: _____

County: _____

Phone Number: () _____

Fax Number: () _____

Email Address: _____

Federal Tax ID Number/Social Security Number: _____

ORGANIZATIONAL STATUS (check one)

Corporation Limited Liability Company Partnership Sole Proprietorship Other _____

If Corporation or LLC, State of Organization: _____

Year: _____

President or Manager: _____

Type Of Business: (Restaurant, School, Nursing Home, Tavern, Catering, etc.) _____

Length of time in business: _____

Hours of Operation: Open _____

Close _____

OWNER OR OFFICER INFORMATION

Name: _____

Title: _____

Home Address: _____

City, State, Zip: _____

Cell Phone Number: _____

Home Phone Number: () _____

Social Security Number: _____

Driver's License Number: _____

State: _____

Date of Birth: _____

BANK INFORMATION

Name of Bank: _____

Account #: _____

Address: _____

Phone #: _____

City, State, Zip: _____

By signing and submitting this new customer application, customer agrees to the following terms of COD on Delivery. I/We agree to waive all claims against Kohl, and hold harmless and defend Kohl from any injuries or damages resulting from or related to any failure of Customer's Premises, including all electrical, communications, fiber optics, data processing, telephone and other utility lines connected to Customer's premises, to comply with applicable building and safety code requirements.

In the event of any changes in ownership or legal structure of the applicant, I/We agree to notify Kohl Wholesale in writing of these changes by certified mail, mail return receipt requested. Kohl Wholesale shall not be affected by such changes until receipt of this written notification of these changes from the applicant.

Authorized Signature (Owner/Principle)

Date

STATE SALES USE TAX CERTIFICATE (check applicable box)

This is to certify that merchandise purchased by the undersigned from N. Kohl Grocer Company, (d/b/a) Kohl Wholesale and Subsidiaries, Quincy, Illinois, for use in their operation has the following State Sales Use Tax Status.

- Sold to the public, on which we collect and remit Retail Sales Tax (Most Common)
 Our State Sales Tax Number is: _____
 State of: _____
 Items Exempt: FOOD PRODUCTS, Other: _____

- Exempt from State Sales Tax
 Exempt on the following basis: _____
 State Exemption #: _____
 State of: _____
 (Attach a copy of your Exemption Certificate or Letter from your State)

- We hereby request N. Kohl Grocer Company, Inc., (d/b/a) Kohl Wholesale, and its Subsidiaries to add Sales Use Tax to their invoices for such products used in our operation on which no Sales Tax Exemption is granted by the state on which we do not Collect or Remit Sales Tax.

 Name in which Retail Sales Tax/Exemption Certificate is issued

 Address City, State, Zip

 X _____
 Authorized Signature (Owner/Principle) Date

KOHL WHOLESALE PRIVACY PROTECTION POLICY

We at Kohl Wholesale value your patronage and want to maintain your confidence in our business relationship. With this in mind, we have formulated the following principles and guidelines regarding the collection, use and security of personal information you provide to us. **INFORMATION COLLECTION** During our relationship, we may collect and use nonpublic personal information about you from public records, market research, consumer reporting agencies, medical service providers, transactions with us, our affiliates or others; information provided from you on applications, claim forms or other forms; and information obtained from our agents. We strive to keep this information accurate and up-to-date. If you discover this information is incomplete, inaccurate or not current, please notify us immediately at the address or telephone number listed on this application. Our employees' limited access to customer information is based on job function. We educate our employees so they understand the importance of customer confidentiality and privacy. Employees who disregard their privacy responsibilities are subject to discipline. To better service your needs, your nonpublic personal information may be shared. All of our companies work together to provide the services you may want. By sharing information about your accounts and relationships among companies, we can serve you more efficiently and make it easier for you to do business. We do not disclose any nonpublic personal or business information about our customers or former customer to anyone, except as permitted by law. We may disclose information to third parties when we believe it is necessary to conduct our business or where disclosure is permitted by law. Information may be disclosed to others who assist us in providing business services and or assisting us in processing transactions which you have requested or initiated. Information may also be disclosed for audit purposes to help us prevent fraud to law enforcement and regulatory agencies, to consumer reporting agencies or as otherwise permitted by law.

<i>FOR OFFICE USE ONLY</i>			
Pricing	Account #:		
Meat	Produce	Level	Allowances
Do you want any special sheets?			
How do you want the special sheets? (Check one) <input type="checkbox"/> Mail <input type="checkbox"/> Faxed <input type="checkbox"/> Email			
Statement Print Day: <input type="checkbox"/> Monday <input type="checkbox"/> Thursday			
Preferred Delivery Time (4 hour window required): 1 st Preference 2nd Preference			
Preferred Delivery Day(s) (circle): M T W TH F			
Estimated Weekly Purchases: \$ Estimated \$ per drop: \$			
SPECIAL INSTRUCTIONS:			