

**NEW CUSTOMER APPLICATION (C.O.D. ONLY)**  
**N. KOHL GROCER COMPANY**  
(d/b/a) KOHL WHOLESALE ("Kohl")



130 Jersey Street  
P.O. Box 729  
Quincy, IL 62306-0729  
**Website:** www.kohlwholesale.com

**Phone:** (217) 222-5000  
**Toll-Free:** (800) 222-5645 (IL) / (800) 245-5645 (MO/IA)  
**Accounting Fax:** (217) 222-5035  
**Email:** credit@kohlwholesale.com

**Kohl Account#:** \_\_\_\_\_ **Sales Rep #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

APPLICANT/CUSTOMER INFORMATION			
<b>Name:</b>			
<b>Trade Name</b> <i>(if different):</i>			
<b>Business Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Phone #:</b>		<b>Fax#:</b>	
<b>Email Address:</b>			
<b>Federal Tax ID / Social Security Number:</b>			

ORGANIZATIONAL STATUS		
<b>Organization Structure:</b>		
<b>State of Organization:</b> <i>(for Corp/LLC)</i>	<b>Year Established:</b>	
<b>President/Manager:</b>		
<b>Type of Business:</b> <i>(Restaurant, School, Nursing Home, Tavern, Catering, etc.)</i>		
<b>Length of Time in Business:</b>		
<b>Hours of Operation:</b>	<b>Open:</b>	<b>Close:</b>

SHIPPING INFORMATION			
<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone #:</b>		<b>Alternate Phone #:</b>	

OWNER/OFFICER INFORMATION			
<b>Name:</b>		<b>Title:</b>	
<b>Home Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Driver's License #:</b>	<b>State:</b>	<b>Date of Birth:</b>	

CUSTOMER BANK INFORMATION			
<b>Name of Bank:</b>		<b>Account #:</b>	
<b>Address:</b>		<b>Phone #:</b>	<b>Fax #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

## TERMS AND CONDITIONS

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 Wholesale and hold harmless and defend Kohl Wholesale 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/Principal):**

*I agree and certify that my printed signature is my signature and agree to conduct this transaction electronically.*

**Title:**

**Date:**

## STATE SALES USE TAX CERTIFICATE *(please 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:

**RESALE TO THE PUBLIC** *(applicant collects and remits retail sales tax)* **\*\*MOST COMMON\***

**Our State Resale Certificate Number is:**

**State of:**

**Items exempt: FOOD PRODUCTS, other:**

**EXEMPT FROM STATE SALES TAX** *(please attach a copy of your Exemption Certificate or Letter from your State)*

**Exempt on the following basis:**

**State Exemption #:**

**State of:**

**SUBJECT TO SALES TAX** *(applicant is fully taxable)*

We hereby request N. Kohl Grocer Company, Inc., (d/b/a) Kohl Wholesale, and its Subsidiaries to add Sales & Use

**Name:** *(must match Retail Sales Tax/Exemption Certificate):*

**Address:**

**City:**

**State:**

**Zip:**

**Authorized Signature (Owner/Principal):**

*I agree and certify that my printed signature is my signature and agree to conduct this transaction electronically.*

**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 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 customers 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.

**AUTOMATIC PAYMENT AUTHORIZATION  
N. KOHL GROCER COMPANY  
(d/b/a) KOHL WHOLESAL (‘‘Kohl’’)**



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P.O. Box 729  
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**Email:** [credit@kohlwholesale.com](mailto:credit@kohlwholesale.com)

**Kohl Account#:**

**Date:**

I/We hereby authorize N. Kohl Grocer Company, Inc., (d/b/a Kohl Wholesale), hereinafter called "Kohl", to initiate ACH credit and/or debit entries and, if necessary, adjust any credit and/or debit entries made in error to my/our *(select one or both)*

**CHECKING** or **SAVINGS**  
account(s) indicated below.

I/We also authorize the bank named below, hereinafter called "Bank," to credit and/or debit the same to such account(s).

CUSTOMER INFORMATION		
<b>Name:</b>	<b>Kohl Account#:</b>	
<b>Trade Name</b> <i>(if different):</i>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone #:</b>		
<b>Email Address:</b>		

BANK INFORMATION		
<b>Bank Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone #:</b>	<b>Fax#:</b>	
<b>Bank Account Name:</b>		
<b>Routing/ABA#:</b>	<b>Bank Account #:</b>	
<b>***PLEASE ATTACH VOIDED CHECK***</b>		

AUTHORIZATION	
<b>Authorized Signature:</b>	<i>I agree and certify that my printed signature is my signature and agree to conduct this transaction electronically.</i>
<b>Printed Name:</b>	
<b>Title:</b>	<b>Date:</b>

**NOTICE:** A written two (2) week notice by mail is required in order to revoke the above ACH authorization.  
Send by U S Mail to the following address: P. O. Box 729, Quincy, IL 62306-0729.