

NEW \_\_\_\_\_  
XFR \_\_\_\_\_



**Marco's Pizza Distribution** 1435B Holland Road Maumee, Ohio 43537 419-897-0000

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MPD A/R #: \_\_\_\_\_

## Account Rep Information

### I. Company and Contact Information

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Corporate or Business Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Date Company Formed: \_\_\_\_\_

Type of Entity: Corporation \_\_\_ LLC \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Additional Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **II. Terms and Conditions**

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I understand and agree that all purchases made from MPD are subject to the following terms and conditions:

1. All MPD invoices are payable within the assigned credit terms and payment shall be remitted within fourteen (14) days of delivery. Payments remitted to MPD within seven (7) days of delivery will be given a prompt-pay discount of 1.5% of the invoice total. (Please note - certain shipments are not eligible for this discount and MPD reserves the right to determine which shipments qualify.)
2. If any amount due to MPD is not paid within said period, finance charges of 1.5% will be assessed on the past due balance for each period the amount remains outstanding. In the event any payment made by check or ACH is returned by your bank, there will be a \$35 service fee charged by MPD for each occurrence. MPD reserves the right to assess additional fees as permitted by governing law.
3. The undersigned guarantor further agrees to pay any and all reasonable debt collection fees and costs in addition to the outstanding balance, in the event the account becomes delinquent and is turned over for collection.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **III. Individual Personal Guaranty**

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I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, for and in consideration of MPD extending credit at my request to \_\_\_\_\_  
\_\_\_\_\_ (hereinafter referred to as the "Company") of which I am  
\_\_\_\_\_ (Title), hereby personally guarantee to you payment of any obligation of the Company and  
I hereby agree to bind myself to pay you on demand any sum which may become due to you for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent of any modification or renewal of the credit agreement hereby guaranteed. In the event that this guaranty is executed by more than one person, then in such event the liabilities and obligations of the undersigned hereunder shall be joint and several, and the relative words herein shall be read as if written in plural.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IV. ACH Agreement – Authorization for On-Demand Electronic Funds Transfer**

This will serve as authorization for Marco’s Pizza Distribution, LLC (MPD) to establish Electronic Transfer Instructions to deposit or withdraw funds as ordered by me (us) through MPD by crediting and/or debiting my (our) account indicated below.

Name of Bank: \_\_\_\_\_

Account Name/Title: \_\_\_\_\_

9 digit ABA Number (routing number): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Please check one: Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_  
(please attach a voided check)

**Please check one: Standard Terms (14 days) \_\_\_ Prompt Pay Discount Terms (7 days) \_\_\_**

This authorization is to remain in full force and effect until MPD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MPD and my (our) bank a reasonable opportunity to act on it. I (We) also authorize you to accept debit or credit adjustment if required. I (We) authorize MPD to verify bank account information with the bank listed above.

***Important: Two signatures are required if your bank account listed above is a joint bank account.***

\_\_\_\_\_  
Primary Owner Signature                      Date

\_\_\_\_\_  
Joint Owner Signature                      Date

\_\_\_\_\_  
Printed Primary Account Owner Name

\_\_\_\_\_  
Printed Joint Account Owner Name

\_\_\_\_\_  
Primary Account Owner Address

***A voided check must be attached to the completed application so that we may verify bank accounts and routing numbers.***