



**STRICTLY CONFIDENTIAL**  
PROPERTY OF WAKEFERN

Wakefern Food Corporation

MORTON WILLIAMS LOCATION \_\_\_\_\_

**ORGANIZATION ID CARD APPLICATION**

Please Print All Information

<b>Applicant</b> (Organization Name):				<b>Party Responsible for Payment</b> (if different from applicant):			
Name _____				Name _____			
Address _____				Address _____			
City _____	State _____	Zip _____	Phone _____	City _____	State _____	Zip _____	Phone _____
E-mail Address _____				E-mail Address _____			

**Type of Organization:**  
 Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Not for Profit Organization \_\_\_ State or Local Government \_\_\_  
 If you are sales tax exempt, please indicate your exemption number.  
 For Partnership: List the name and address of all general partners (additional pages may be attached).

Name _____				Name _____			
Address _____				Address _____			
City _____	State _____	Zip _____	Phone _____	City _____	State _____	Zip _____	Phone _____

<b>References:</b> Personal Name				<b>References:</b> Business Name			
Address _____				Address _____			
City _____	State _____	Zip _____	Phone _____	City _____	State _____	Zip _____	Phone _____

**References: Bank**

Name _____				_____			
Address _____				Number of charge cards requested? There may be a replacement fee for lost or stolen cards.			
City _____	State _____	Zip _____	Phone _____	Authorizing Officer must be one of the following: ___ Pres./ Chm. ___ GenMgr. ___ VP ___ Treasurer ___ Owner ___ Partner			
Account No. _____				Organization ID Account # (assigned when approved)			
Contact Person _____				_____			

The organizational/business applicant shall be held strictly liable to Wakefern for all purchases made under this account. The organizational/business applicant understands and agrees that no individual employee or authorized user of this account shall have any liability to Wakefern. Wakefern shall have no right or obligation to recover any amounts from individual employees or individual authorized or unauthorized users of this account, and shall pursue all claims directly against the organizational/business applicant.

Any information retained, will be used for marketing purposes only. Check below if the company/organization does not wish to participate in the promotional programs available to those whose customer information is retained by PriceRite.

_____	_____	_____
Print Name of Authorizing Officer and Title	Signature of Authorizing Officer	Date

The company/organization does not want to receive any promotional offers nor does the company/organization want a record of our purchases retained on a personalized basis.