



# RUFFINO MEATS

NEW ACCOUNT FORM

READFIELD MEATS, INC.  
979-776-5685 • Fax 979-774-7713  
2130 E. Wm. J. Bryan Pkwy. Bryan, Texas  
Mail to - P.O. Box 4166 Bryan, Tx 77805

SALESMAN # \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_

TERMS REQUESTED: (1) CURRENCY ONLY \_\_\_\_\_ (2) C.O.D. \_\_\_\_\_ (3) WEEKLY \_\_\_\_\_

1. CURRENCY ONLY: COMPLETE NUMBERS 1-9.  
2. C.O.D.: COMPLETE NUMBERS 1-12.  
3. WEEKLY: COMPLETE NUMBERS 1-16.  
4. EST. SALES PER CR TERMS \_\_\_\_\_ OPENING ORDER \_\_\_\_\_ DATE OF 1st ORDER \_\_\_\_\_

TERMS: All parties agree to the following terms:

1. The undersigned agrees that a charge of \$10.00 will be assessed and payable for each check returned from the bank for any reason other than bank error.
2. The under signed agrees past due amounts will bear 18% per annum.
3. Payment due at the office of Readfield Meats, Inc., Bryan, Brazos County, Texas 77802.
4. In the event terms are granted: weekly due 7 days from invoice date.
5. The undersigned agrees to notify Readfield Meats, Inc., by certified mail of changes of ownership and further agrees to be liable should the undersigned fail to comply with said notification.

PLEASE TYPE OR PRINT ALL INFORMATION

DATE \_\_\_\_\_

1. NAME OF BUSINESS \_\_\_\_\_ PHONE \_\_\_\_\_
2. DELIVERY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
3. MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
4. IF PRIOR CUSTOMER, NAME OF BUSINESS AND LOCATION \_\_\_\_\_

5. TAX EXEMPT NUMBER \_\_\_\_\_ TAX % \_\_\_\_\_  
The undersigned purchaser further certifies that he will assume liability for the payment of any tax that may be due under the Limited Sales Excise and Use Tax Act of Texas or \_\_\_\_\_ If this transaction is not exempt form such tax. Attach certificate.

6. MANAGER'S NAME \_\_\_\_\_ BKPP OR ACCOUNTANT \_\_\_\_\_
7. BUSINESS IS A: SOLE OWNER \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LTD PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_
8. IF CORPORATION, LIST EXACT CORPORATE NAME \_\_\_\_\_  
DATE INC. \_\_\_\_\_ STATE INC. \_\_\_\_\_

9. OWNERS, OFFICERS OR PARTNERS AND HOME ADDRESSES:  

(Name & Title)	(Street)	(City)	(Zip)	(Phone)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. HEADQUARTERS ADDRESS \_\_\_\_\_  
CITY & STATE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
ACCOUNTS PAYABLE SUPERVISOR \_\_\_\_\_

11. DATE BUSINESS STATED \_\_\_\_\_  
(Under current ownership)

12. BANK INFORMATION  
NAME OF BANK \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
BANK ACCOUNT NUMBER \_\_\_\_\_ LOAN OFFICER \_\_\_\_\_  
TYPES OF ACCOUNTS: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ LOAN \_\_\_\_\_ PAYROLL \_\_\_\_\_  
NAME OF PERSON SIGNING CHECKS \_\_\_\_\_ DRIVERS LIC # \_\_\_\_\_ *Date of Birth* \_\_\_\_\_  
\_\_\_\_\_ DRIVERS LIC # \_\_\_\_\_ *Date of Birth* \_\_\_\_\_

I CERTIFY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT AND I (WE) AUTHORIZE THE ABOVE NAMED BANK TO RELEASE INFORMATION CONCERNING THE ACCOUNT \_\_\_\_\_

\*\*\*COMPLETE FORMS MUST HAVE A SIGNATURE ON BACK\*\*\*

13. DOES OPERATOR OWN PREMISES  YES  NO  
NAME, ADDRESS & PHONE NUMBER OF MORTGAGOR

IF LEASING, NAME, ADDRESS, PHONE NUMBER OR LESSOR

14. EQUIPMENT AND FIXTURES OWNED \_\_\_\_\_ LEASED \_\_\_\_\_ LESSOR \_\_\_\_\_

15. TRADE REFERENCES (Preferably other food vendors)

Please give account number where possible/name of accounts not same as listed on page 1

1. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip) ( ) (Phone)  
\_\_\_\_\_  
(Account Number)

4. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip) ( ) (Phone)  
\_\_\_\_\_  
(Account Number)

2. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip) ( ) (Phone)  
\_\_\_\_\_  
(Account Number)

5. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip) ( ) (Phone)  
\_\_\_\_\_  
(Account Number)

3. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip) ( ) (Phone)  
\_\_\_\_\_  
(Account Number)

6. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip) ( ) (Phone)  
\_\_\_\_\_  
(Account Number)

16. INDIVIDUAL PERSONAL GUARANTY

Date \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_

for and in consideration of your extending credit, at my request, to \_\_\_\_\_  
\_\_\_\_\_, of which I am the \_\_\_\_\_

Hereby personally, jointly or severally, guarantee payment to Readfield Meats, Inc. (herein Readfield Meats, Inc.) of any and all obligations or indebtedness which purchaser now owners or hereinafter incur to Readfield Meats, Inc. This is a guaranty of payment and not of collection and due and payable upon demand, without first requiring Readfield Meats, Inc. to proceed against purchaser.

I do hereby waive notice of default, nonpayment, and notice thereof and consent to o any modification or renewal of the credit agreement or obligation resulting therefrom.

This guaranty is in addition to any other security Readfield Meats, Inc. may have now or hereafter acquire. Undersigned acknowledges that the Guaranty is in effect and binding upon me (us) without reference to whether it is signed by any other person or persons. This Guaranty shall remain in full force and effect until rescinded in writing by either party by registered or certified mail at current address of other party. Such revocation shall not affect obligations dated before termination. This guaranty shall not be discharged or affected by death of any of the undersigned and shall bind by respective heirs and representatives, successors or assigns.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

CREDIT DEPT: \_\_\_\_\_

DELIVERY DAY \_\_\_\_\_ Rt \_\_\_\_\_ Stop \_\_\_\_\_

TERMS ASSIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COMMENTS:

# TEXAS RESALE CERTIFICATE

Name of purchaser, firm or agency	Phone (Area code and number)
Address (Street & number, P.O. Box or Route number)	
City, State, ZIP code	
Texas Sales or Use Tax Permit Number (or out-of-state retailer's registration number or date applied for Texas Permit - must contain 11 digits if from a Texas permit) <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; margin-top: 5px;"></div> (Mexican retailer's must show their Federal Taxpayers Registry (RFC) number on the certificate and give a copy of their Mexican registration form to the seller.)	

I, the purchaser named above, claim the right to make a non-taxable purchase for resale of the taxable items described below or on the attached order or invoice form:

Seller: Ruffino Meats, Inc.

Street address: 2130 E. Wm. Joel Bryan Pkwy

City, State, ZIP code: Bryan, TX 77802

Description of items to be purchased on the attached order or invoice:

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Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

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The taxable items described above, or on the attached order or invoice, will be resold, rented, or leased by me within the geographical limits of the United States of America, its territories and possessions, or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

*I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease, or rental and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

Purchaser sign here	Title	Date
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ACCOUNT INFORMATION UPDATE FORM

LEGAL NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL STATEMENTS YES \_\_\_\_\_ NO \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME IF DIFFERENT THAN LEGAL NAME: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT NAME OF PERSON PLACING ORDER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE LIST ANYONE AUTHORIZED TO WRITE CHECKS:

NAME: \_\_\_\_\_ TXDL #: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ TXDL #: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ TXDL #: \_\_\_\_\_ DOB: \_\_\_\_\_