



# Vendor Application

**Northgate Gonzalez, LLC**

**1201 N Magnolia Ave.**

**Anaheim, CA 92801**

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Vendor No.: \_\_\_\_\_

Date: \_\_\_\_\_

Buyer Group: \_\_\_\_\_

DSD ☐ WHS ☐ EXP ☐

## General Company Information

Company Name:			DBA name:		Contact person (No sales persons):
Physical address of Corporate Headquarter (No PO Boxes):					Name of NGM buyer:
Physical Address of Primary Manufacturing or Shipping Facility (No PO Boxes):				Has your firm ever done business under any other name: Yes <input type="checkbox"/> No <input type="checkbox"/> under what name(s):	
Main Phone #:	Main Fax #:	Email:		Website:	
CFO name:	Phone #:	Fax #:	E-mail:		
<b>Legal Structure</b> <input type="checkbox"/> Soleproprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		<b>Premises</b> Owned <input type="checkbox"/> Leased <input type="checkbox"/>		<b>Fed. Tax I.D. #:</b>	
<b>D&amp;B #:</b>					
Line of Business/Product/Department:		Certificate of Liability Ins. #:		Contact name to verify Certificate:	
				Contact phone # for Cert.:	
Address to send Purchase Order (PO):		Email to send Purchase Order (PO):		Fax # to send Purchase Order (PO):	
Payment Terms Requested:		Warehouse Delivery: Yes <input type="checkbox"/> No <input type="checkbox"/>		Store Delivery: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Are you registered with the Department of Conservation? (CRV Recycling) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Payment Remit address:				Beverage Manufacture ID#:	
				Beverage Distributor ID#	

## Ownership Information

Principal/Owner Name:		Phone #:		E-mail:	
Company is: <input type="checkbox"/> Domestic Entity <input type="checkbox"/> Foreign/Foreign affiliate					
Foreign/Foreign Affiliate - List ALL other 10% or more owners on a separate sheet and attach to Application (Name, Address, Phone #, % Owned)					
Owner name:		% owned:		Address:	
				Phone #:	

## Bank Reference

Bank Name:		Contact name:		Phone #:		Fax #:	
Address				City		State	
						Zip	

## Trade Reference

Company Name:		Contact name:		Phone #:		Fax #:	
Address		City		State		Zip	
						Items Purchased:	
Company Name		Contact name:		Phone #:		Fax #:	
Address		City		State		Zip	
						Items Purchased:	

## Acceptance and Approval

By agreeing below, I authorize Northgate Gonzalez Markets(hereafter NGM) to obtain any information required concerning this statement and application hereon and affirm that the information is true and correct. I hereby authorize NGM or any credit bureau or other investigative agency employed by NGM to investigate the references herein listed or statements or other data obtained.

Name of Authorized Representative:		Title:	
Agreed and Accepted, Signed		Date:	
		Phone #:	

Northgate Gonzalez Markets Risk Management Verification

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Name

Position

Signature

Date