



120 Southampton Street
Boston, MA 02118
(617) 427-0536

BUSINESS MEMBERSHIP

Membership Code _____

Application Add / Change Renewal

PLEASE PRINT ALL INFORMATION

CORPORATION NAME:		
D/B/A (English):	(Chinese):	
Street Address:		
City	State	Zip Code
TELEPHONE:	FAX:	

TAX EXEMPT INFORMATION:		
<input type="text"/>	<input type="text"/>	_____
RESALE / EXEMPT NUMBER	STATE	EXP.DATE
<input type="text"/>	<input type="text"/>	_____
FEDERAL TAX ID NUMBER	STATE	EXP.DATE
NATURE OF BUSINESS _____		

You must provide a copy of your tax license or exemption certificate to be eligible for tax-exempt sales. Please attach a copy to this application.

Resale and Exempt Purchase To purchase goods for resale you must include with your application a signed copy of your Blank Certificate of Resale and a copy of your state issued Sales Tax License. Exempt organization must include their Certificate of Exemption, and Page 1 of Federal Exempt Organization return or other state/federal document verifying their exempt status.

PRIMARY MEMBER PLEASE PRINT Annual \$20.00

Member # _____ Application Change Delete Resale/Exempt (Circle) M / F

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____ Phone () _____

DRIVER'S LICENSE NUMBER STATE

EMAIL ADDRESS

SUPPLEMENTAL Annual \$10.00

Member # _____ Application Change Delete Resale/Exempt (Circle) M / F

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____ Phone () _____

DRIVER'S LICENSE NUMBER STATE

EMAIL ADDRESS

SUPPLEMENTAL Annual \$10.00

Member # _____ Application Change Delete Resale/Exempt (Circle) M / F

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____ Phone () _____

DRIVER'S LICENSE NUMBER STATE

EMAIL ADDRESS

In consideration for becoming a member of Food-Pak Express. The undersigned confirms: 1. The information show above is accurate to the best of my knowledge. 2. To purchase for resale/exempt the tax information must be completed with copies of the applicable state documentation. 3. I have read Food-Pak Express Wholesale Club's Conditions of Membership and understand they are part of this application. 4. Business memberships must include 2 forms of business documents (invoice, business check, etc.)

Signature _____ Date _____ Please Print Name _____

CASH _____ Clerk _____

CREDIT CARD MasterCard Visa NUMBER _____ EXP.DATE _____

Thank You for Joining Food-Pak Express Wholesale Club