



## APPLICATION FOR MEMBERSHIP

DVPG • 560 Benigno Blvd. • Bellmawr, NJ 08031  
Tel: 856-933-2930 • fax: 215-689-3102 • e-mail: [info@dvpgroup.com](mailto:info@dvpgroup.com)

### APPLICANT BUSINESS INFORMATION

Legal or Corporate Name \_\_\_\_\_ Federal I.D.# (EIN) \_\_\_\_\_

Name of Restaurant \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_

Seating capacity \_\_\_\_\_ How long at this location? \_\_\_\_\_ How long in restaurant business? \_\_\_\_\_

Names of operating partners at the location for which you are applying. (Please Print)

1. \_\_\_\_\_ Title \_\_\_\_\_

2. \_\_\_\_\_ Title \_\_\_\_\_

3. \_\_\_\_\_ Title \_\_\_\_\_

Annual Sales Volume \_\_\_\_\_ (or) Projected sales volume (Less than 1 year in business) \_\_\_\_\_

Please list six vendors you have done business with for (1) year or more  
(Food, Soda, Paper ,Bread, Coffee, Dairy/Milk etc)

#### VENDORS

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

### APPLICANT PERSONAL INFORMATION *(person completing this form)*

Primary Contact Person *(Print Name)* \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### APPLICANT VENDOR INFORMATION *(please check box if you are currently using any of the following recommended vendors)*

US FOODS  • BALFORD FARMS  • STROEHMANN BAKERY  • SINGER  • PECHTERS   
ECOLAB  • PEPSI  • VITALITY  • LACAS  • PHILADELPHIA WATER ICE/RICHMANS

### APPLICANT CERTIFICATION

I certify that the above information is true to the best of my knowledge. I hereby consent to the release of credit information and authorize the Delaware Valley Purchasing Group to act as my agent to collect and distribute rebates for the above named corporation. I understand that my membership will be conditional for 180 days from the date of approval in accordance with Section 5.4 of DVPG's bylaws.

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

Print Name: \_\_\_\_\_

**PLEASE ENCLOSE CHECK FOR \$300, PAYABLE TO DVPG, INC. AND SEND TO ABOVE ADDRESS.**



**BANK AUTHORIZATION**  
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**DATE:** \_\_\_\_\_

**I hereby authorize DelawareValley Purchasing Group and their agents to verify information with my bank.  
I further authorize my bank to release such information to them.**

**BANK** \_\_\_\_\_ **BRANCH** \_\_\_\_\_

**BUSINESS CHECKING ACCOUNT #** \_\_\_\_\_

**BANK** \_\_\_\_\_ **BRANCH** \_\_\_\_\_

**BUSINESS CHECKING ACCOUNT #** \_\_\_\_\_

\_\_\_\_\_  
**AUTHORIZATION SIGNATURE** **TITLE**

\_\_\_\_\_  
**LEGAL OR CORPORATE NAME**

\_\_\_\_\_  
**NAME OF RESTAURANT**

**Name(s) and address(es) of other existing or past restaurants you own(ed) or operated.**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

**Section 5.4. Conditional Membership.** An applicant, upon approval of the application for Membership, shall be granted conditional membership (the "Conditional Membership") in the Corporation for a period of two full calendar quarters from the time of the approval (the "Conditional Period"). During the Conditional Period rebates shall be earned conditionally but not paid until after the end of the Conditional Period and the determination by the Corporation that the conditional Member has met the Minimum Qualification of using 50% of the recommended vendors of the Corporation, at which time the Member will be notified that its conditional status has been removed. If the conditional Member fails to meet the Minimum Qualification of using 50% of the recommended vendors of the Corporation during the Conditional Period, the Conditional Membership shall be automatically terminated and any rebates that were earned conditionally shall be forfeited to the Corporation. This Conditional Membership provision shall not apply to an applicant the controlling interest of which is owned by an individual Member or by the same persons who own a controlling interest in an existing Member.