



COMMERCIAL SAVINGS WEB ENROLLMENT FORM

Please print clearly. If you have any questions, please call 1-800-968-6525 (M-F, 8-5 ET). Return completed form to your local GFS Marketplace. Each section must be filled out in order to process application.

Section 1: BUSINESS INFORMATION

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS CONTACT PERSON _____

BUSINESS PHONE NUMBER _____ BUSINESS FAX NUMBER _____

BUSINESS E-MAIL _____

PROOF OF BUSINESS REQUIRED
 PLEASE CHECK ONE, AND ATTACH A COPY TO THIS APPLICATION ➔

Vendor's License Food Establishment License Business Card for the Business Name on Account

Tax Exempt/Resell Blanket Certificate Business License

Section 2: TAX INFORMATION

1. ARE YOU CLAIMING STATE SALES TAX EXEMPTION? YES NO
2. ARE YOU CLAIMING RESALE STATUS? YES NO

If either of the above questions was answered yes, please attach a **completed** state specific Tax Exemption/Resell Blanket Certificate. State Blanket Certificates are available at any GFS Marketplace store.

PLEASE NOTE: According to state laws, Gordon Food Service can only grant Tax Exempt or Resale Status after proper documentation has been received. State laws require GFS to have all tax documentation renewed every 4 years. Approximately 90 days prior to the expiration of your GFS tax documentation, your business will receive written notice with a new state tax certificate to complete and return to GFS.

Section 3: CHECK THE MAJOR CLASS AND SUB CLASS THAT APPLY TO YOUR ORGANIZATION

MAJOR CLASS	SUB CLASSES				
<input type="checkbox"/> Eating/Drink Places	<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Community Feeding	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Service Club	
	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Ice Cream Shop	<input type="checkbox"/> Snack Bar	
	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Employee Feeding	<input type="checkbox"/> Pizzeria	<input type="checkbox"/> Theme Park	
	<input type="checkbox"/> Camps	<input type="checkbox"/> Fair/Festival	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Truck Stop	
	<input type="checkbox"/> Catering	<input type="checkbox"/> Fast Service	<input type="checkbox"/> Stadium		
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Hotel	<input type="checkbox"/> Inn	<input type="checkbox"/> Motel	<input type="checkbox"/> Resort	
<input type="checkbox"/> Recreation/Clubs	<input type="checkbox"/> Health/Athletic Club	<input type="checkbox"/> Ski Resort	<input type="checkbox"/> Theater		
<input type="checkbox"/> General Business	<input type="checkbox"/> Bakery	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> General Business	<input type="checkbox"/> Vending	
<input type="checkbox"/> Healthcare Operations	<input type="checkbox"/> Adult Foster Care/Nursing Care		<input type="checkbox"/> Hospital		
<input type="checkbox"/> Day Care Operations	<input type="checkbox"/> Day Care Services				
<input type="checkbox"/> Religious Organizations	<input type="checkbox"/> Religious Organizations				
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Fundraising				
<input type="checkbox"/> Schools and Colleges	<input type="checkbox"/> Elementary School	<input type="checkbox"/> 2-Yr. Community College	<input type="checkbox"/> Fraternity/Sorority		
	<input type="checkbox"/> Middle School	<input type="checkbox"/> 2-Yr. Private College	<input type="checkbox"/> Other Non-profit Schools		
	<input type="checkbox"/> High School	<input type="checkbox"/> 4-Yr. Community College			
		<input type="checkbox"/> 4-Yr. Private College			
		<input type="checkbox"/> 4-Yr. State College			
<input type="checkbox"/> Public Admin./Gov't.	<input type="checkbox"/> Civic/Social Organizations	<input type="checkbox"/> Government Program	<input type="checkbox"/> Jails/Prisons	<input type="checkbox"/> Military Feeding	

Applicant's Signature _____ Print Name _____ Date _____

For Store Use Only
Store Manager _____ Store Number _____ Date _____