



3100 W. 36th Street. Chicago, IL 60632
Phone: (773) 927-8870 | Fax: (773) 927-8718
www.midwestfoods.com

CONFIDENTIAL CREDIT APPLICATION & AGREEMENT

Company Name: _____ DBA: _____
Ship to: Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Type of Business: _____ Date Established: _____
Type of Entry: Proprietorship Partnership Corporation Other _____
If incorporated: State of incorporation _____ Year of incorporation _____
Are you part of a group? Yes No If yes, Group name: _____

Name of Owners	% of ownership	E-mail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
Name of Managers	Title	E-mail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Midwest Foods Sales Person: _____

Account Payable Information:

Contact Person: _____
Phone: _____ Fax: _____ E-mail: _____
Credit Line Requested: \$ _____

Bank Name: _____ Contact Name: _____
Bank Address: _____ Bank Phone #: _____

Trade References, Addresses & Phone Numbers

1. _____
2. _____
3. _____

PACA:

“The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by Section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499e(c)). The Seller of these commodities retains a trust claim over these commodities, all inventories of food or other products derived from these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received.”

TERMS: NET 10 DAYS PER USDA REGULATIONS. A finance charge of 3% per month will be charged on past due balances. In the event legal action is commenced to collect the balance due under this invoice, buyer agrees to pay all cost of collection, including attorney’s fees. Any check returned NSF will have a \$35.00 fee added to your accounts.

Personal Guarantee:

In the event the establishment listed on this agreement defaults on the debt owed.

I _____ (Guarantee’s Name) will personally guarantee and assume all debt owed to Midwest Foods by _____ (Establishment’s Name).

Guarantee’s Address: _____

Phone: _____ E-mail: _____

Guarantee assumes the responsibility to update Midwest Foods in writing of any changes in business circumstances, conditions, ownership and managers. In the event Midwest Foods has not been updated, the responsibility will remain with the Guarantee that is listed above.

I hereby authorize Midwest Foods to contact all bank and references list on this application: _____

I have read and understand completely the above agreement.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: ____/____/____

Internal use only

Type of approval: Full Restricted Denied

Customer #: _____ Delivery Instruction: _____

Approved by: _____

Entered by: _____

Date: ____/____/____