



**MIDWEST**  
FOODS

**Credit Application**  
3100 W. 36<sup>th</sup> Street Chicago IL 60632 | 773-927-8870

## ACCOUNT INFORMATION

Midwest Foods Rep: \_\_\_\_\_

Account Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Group Name/Buying Group: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

(check if same)

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Type of Entry:  Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

If Incorporated: State of Incorporation: \_\_\_\_\_ Year of Incorporation: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Contact: \_\_\_\_\_

### Primary Contact

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Secondary Contact

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Accounts Payable Contact

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Primary contact should be the person handling the orders. They will be contacted regarding shorts or delivery issues. Primary and secondary contacts will receive weekly specials, updates, recalls and alerts.

Please return completed form to [sa@midwestfoods.com](mailto:sa@midwestfoods.com) or your Business Development Associate.



## CREDIT REFERENCES

Please list three trade references (related to food industry) below:

### Credit Reference 1

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Credit Reference 2

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Credit Reference 3

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## BANK INFORMATION

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_

Bank Contact Email: \_\_\_\_\_

Bank Contact Phone: \_\_\_\_\_

*Please return completed form to [sa@midwestfoods.com](mailto:sa@midwestfoods.com) or your Business Development Associate.*

# DELIVERY

Average Order Amount: \$ \_\_\_\_\_ Deliveries Per Week: \_\_\_\_\_

**Preferred 2 Hour Delivery Window:**

6am-8am  8am-10am  9am-11am  11am-1pm  Other: \_\_\_\_\_

**Delivery Days:**  Monday  Tuesday  Wednesday  Thursday  Friday

**Saturday Deliveries:**  Yes  No **Delivery Window (if different):** \_\_\_\_\_

**Type of Stop:**  Street  Alley  Dock **Dock Restrictions:** \_\_\_\_\_

**Delivery Instructions (i.e noise restrictions, gate codes, etc):** \_\_\_\_\_

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PACA:

“The Perishable Agriculture Commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agriculture 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 and 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 checks returned NSF will have a \$35.00 fee added to your accounts.

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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 Name).

Guarantee’s Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ 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.

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I have read and understand the above agreement, and I hereby authorize Midwest Foods to contact all bank references listed on this application.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

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# MIDWEST FOODS

## Credit Card Authorization Form

PLEASE COMPLETE IF YOU CHOOSE TO PAY BY CREDIT CARD  
All information will remain confidential.

Account Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Credit Card Number: \_\_\_\_\_

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

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

I, \_\_\_\_\_ authorize Midwest Foods to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Cardholder- Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

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

*Please return completed form to [sa@midwestfoods.com](mailto:sa@midwestfoods.com) or your Business Development Associate.*