



MIDWEST
FOODS

Credit Application
3100 W. 36th 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 ar@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 ar@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): _____

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.

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.

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: _____

Please return completed form to ar@midwestfoods.com or your Business Development Associate.



MIDWEST
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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 ar@midwestfoods.com or your Business Development Associate.