



• 5496 Lindbergh Lane • Bell, CA 90201
• Phone: (323) 981-2800 • Fax: (323) 981-2840 • Email: creditapp@indfood.com

DATE: _____ SALESREP NAME: _____

CREDIT ACCEPTANCE APPLICATION & MASTER PURCHASE AGREEMENT
THE GUARANTEE ATTACHED HERETO IS AN INTEGRAL PART OF THIS AGREEMENT

COMPANY LEGAL NAME: _____

DBA: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

TEL #: _____ FAX #: _____ CONTACT PERSON: _____ EMAIL: _____

Check here if shipping address is same as above

SHIP TO (if different from above)

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

DELIVERY HOURS REQUESTED: _____ TO _____

IF COMPANY IS A BRANCH AND/OR SUBSIDIARY, LIST NAME, ADDRESS, & PHONE OF PARENT COMPANY BELOW.

NAME: _____ ADDRESS: _____ PHONE #: _____

TYPE OF BUSINESS: RESTAURANT DISTRIBUTOR/WHOLESALER OTHER # OF LOCATIONS: _____
 OWN LEASE/RENT LANDLORD'S NAME & PHONE # _____ HOW LONG? _____

SUPPLIERS: (Give only names of those you buy from on open account)

NAME	STREET	CITY/STATE/ZIP	PHONE NO.	ACCOUNT NO.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

BANK REFERENCE:

BANK/CONTACT	STREET	CITY/STATE/ZIP	PHONE NO.	ACCOUNT NO.
_____	_____	_____	_____	_____

FORM OF BUSINESS:

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LLC
DATE BUSINESS STARTED: _____ FEDERAL ID NO.: _____
(ASSUMED CONTROL)
STATE OF INCORPORATION: _____ DATE INCORPORATED: _____

OWNER'S INFORMATION:

HAS CORPORATION BEEN REGISTERED WITH SECRETARY OF STATE? YES NO
STATE OF REGISTRY: _____ FILING DATE: _____

NAME & TITLE _____ EMAIL _____ SSN (Required) _____ HOME TEL # _____
HOME ADDRESS: _____ CDL#: _____

The persons, partnerships, limited liability companies or corporations whose name is set forth above ("Buyer") certifies to INDIVIDUAL FOODSERVICE ("IFS") that the foregoing information is true and correct and acknowledges that Buyer is supplying such information to IFS to induce IFS to accept Buyer's checks for purchases by Buyer of merchandise from IFS. In the event that there is a change in the ownership or change in form of ownership of Buyer, Buyer agrees to immediately notify IFS in writing of such change. In the event Buyer fails to notify IFS of any change in ownership, Buyer shall remain liable for all purchases made by any such new entity or entities, subsequent to the change in the ownership or change in form of ownership of Buyer.



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CALIFORNIA RESALE CERTIFICATE

Name of Purchaser

Address of Purchaser

I hereby certify that I hold valid reseller permit No. _____ issued
Pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:

_____ ; that
the tangible personal property described herein which I shall purchase from INDIVIDUAL FOODSERVICE will be
resold by me in the form of tangible personal property; provided; however, that in the event any of such
property is used for any purpose other than retention, demonstration, or display while holding it for sale in
the regular course of business, it is understood that I am required by the Sales and Use Tax law to report and
pay tax, measured by the purchase price of such property or other authorized amount. Description of
property to be purchased: _____

Signature of Purchaser or Authorized Agent

Print Name

Title

Date

By checking this box you understand that the form is not yet completed and that a signature is required (see pages 3 and 4).
Please print this form, sign it, and deliver it to: creditapp@indfood.com or via fax at (323) 981-2840.