

Customer # \_\_\_\_\_



5251 S. Millard \* Chicago, IL 60632 \* Phone (773) 838-8199 \* Fax (773) 838-8114  
E-mail: accounting@amigosfoods.biz

**CUSTOMER CREDIT APPLICATION**

Company Legal Name \_\_\_\_\_ DBA \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Type of Business: Sole Proprietorship ( ) Partnership ( ) Corporation ( ) LLC ( )

How Long In Business \_\_\_\_\_ Principal Business Activity \_\_\_\_\_

DUNS # \_\_\_\_\_ Federal Id # \_\_\_\_\_

Is Your Business Tax Exempt? Yes \_\_\_ No \_\_\_ If Yes, Please Provide Tax Exempt # \_\_\_\_\_

**LIST OWNER/S, PARTNERS OR OFFICERS:**

1. Name \_\_\_\_\_ Title \_\_\_\_\_ S.S.N # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ S.S.N # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

**TRADE REFERENCES:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**AGREEMENT:**

For credit consideration, I declare that all information and enclosures are true and correct to the best of my knowledge and belief my signature attest to the applicant's financial solvency and willingness to pay all obligations as they become due. I understand the terms to be 7 days net, unless otherwise agreed. If requested, I understand credit availability is at the sole discretion of the creditor and depends on our payment history, current account condition, and other relevant information. I declare that I have authority to apply for credit on behalf of the herein- named business. Also, by signing this application, I authorize Amigos Foods or it's agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Amigos Foods to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Amigos Foods. I further authorize Amigos Foods to share the information received from my consumer credit report with subsidiaries, and affiliates.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Application cannot be processed without signature.*

**(MUST BE SIGNED BY OWNER, OFFICER OR AUTHORIZED REPRESENTATIVE)**



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**INDIVIDUAL PERSONAL GUARANTY**

The undersigned jointly, severally and primarily hereby guaranty absolutely and unconditionally, payment upon demand, and indebtedness to Amigos Foods resulting from purchases made by and/or deliveries made to \_\_\_\_\_ (**Business Name**) heretofore and hereafter incurred and in whatever form it may be evidenced. The undersigned further agrees to pay all cost and expenses, including reasonable attorney fees incurred in the collection of such indebtedness of the enforcement of the guaranty whether or not suit is actually instituted.

The guaranty shall only cease if written notice of revocation, by registered mail, be acknowledged by Amigos Foods and the balance appearing on their books is clear and there is no pending delivery in the process. It shall not cease should a change occur in the trade style, or in the corporate principals, or in the location of either the business or the guarantor, or in the status of the debtor.

The undersigned does hereby subordinate and postpone all claims that may now or hereafter exist against the above in favor of payments to you of all claims that you might have against the above. The understanding also hereby waives notice of acceptance of this guaranty as well as all demand, protects, presentments and notices of every kind of nature, and all right to require you to proceed against the above necessary.

The undersigned further agrees that this guaranty shall not in any way be diminished by you taking or having any note, obligation or security for the indebtedness hereby guaranteed, or by any extension indulgence or change in the time, terms, or amount of payment, whether the same is done before or after any default or with or without notice, or by the complete or partial release or settlements by you with any guarantor or by any acceptance of settlement or composition in liquidation, re-adjustment, receivership, bankruptcy, reorganization or otherwise.

It is understood that there are no conditions or limitations to this guarantee, except those stated herein, and that after execution no alteration, change, or modification hereto shall be binding or effective unless executed in writing. This guaranty is assignable in full or in part, together with any one or several or all of the indebtedness, which it guarantees, and when so assigned the undersigned shall be bound as above to the transferees.

I, the undersigned further declare to Amigos Foods that I am duly authorized to sign this credit application form on behalf of the person and /or company herein represented.

x \_\_\_\_\_  
Guarantor Signature                      Date

\_\_\_\_\_  
Guarantor Home Address – City, State & Zip

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\*\*\*\*\* A COPY OF THE ID IS REQUIRED \*\*\*\*\*



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**BANK REFERENCE AUTHORIZATION**

I, \_\_\_\_\_, do authorize Amigos Foods to request the necessary information from my bank or lending institution, for the sole purpose of establishing credit with Amigos Foods.

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

Account # \_\_\_\_\_

Banker Name \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



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**CERTIFICATE OF RESALE**  
**(BLANKET FORM)**

To Amigos Foods

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale, and assumes liability for payment of retailer's occupation tax, service occupation tax or use tax with respect to receipts from the resale of this property to users or consumers.

Purchaser Name \_\_\_\_\_ Date \_\_\_\_\_

Address of Purchaser \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sales Tax ID# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Purchaser \_\_\_\_\_

**\*\*\*A COPY OF THE CERTIFICATE OF REGISTRATION IS REQUIRED\*\*\***