

**International Foods and Ingredients, Inc.**

760 Lakeside Drive, Unit C

Gurnee, IL 60031

ph: 847-855-7400

fax: 847-855-7408

email: customerservice@ifigourmet.com

web: ifigourmet.com



**NEW ACCOUNT SETUP FORM**

**Contact Information**

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

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

Corporate Tax ID: \_\_\_\_\_

**Corporate address:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

phone: \_\_\_\_\_

fax: \_\_\_\_\_

**Shipping address:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

phone: \_\_\_\_\_

fax: \_\_\_\_\_

**Billing address:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

phone: \_\_\_\_\_

fax: \_\_\_\_\_

**Sales contact:**

contact: \_\_\_\_\_

title: \_\_\_\_\_

phone: \_\_\_\_\_

fax: \_\_\_\_\_

email: \_\_\_\_\_

**Purchasing contact:**

contact: \_\_\_\_\_

title: \_\_\_\_\_

phone: \_\_\_\_\_

fax: \_\_\_\_\_

email: \_\_\_\_\_

**Receiving contact:**

contact: \_\_\_\_\_

title: \_\_\_\_\_

**Accounting contact:**

contact: \_\_\_\_\_

title: \_\_\_\_\_

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phone: \_\_\_\_\_ phone: \_\_\_\_\_  
fax: \_\_\_\_\_ fax: \_\_\_\_\_  
email: \_\_\_\_\_ email: \_\_\_\_\_

**Preferences**

**1. How do you prefer to receive order confirmations?**

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

**2. Are delivery appointments required at your facility? If so, what are your receiving hours?**

Yes  No  \_\_\_\_\_ to \_\_\_\_\_

**3. Do you have a preferred LTL freight carrier?**

Carrier name: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Credit Card Information**

VISA  Mastercard  AMEX  DISCOVER

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

**Card Holder's Name:** \_\_\_\_\_  
(as presented on the card - please print)

**Card Holder's Signature:** \_\_\_\_\_

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

If billing address is the same as above check the box, otherwise provide the billing address associated with the credit card information provided.

Billing address is the same as above.

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**Credit card billing address:**

Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

**Application for Credit**

**Trade References:**

Please provide a minimum of 3 trade references that currently extend credit to your Company. **INCLUDE PHONE AND FAX NUMBERS.** *Please allow 7-10 business days for processing.*

**Reference 1:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Reference 3:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Reference 4:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Bank Information:**

Bank name: \_\_\_\_\_  
Primary contact: \_\_\_\_\_

phone: \_\_\_\_\_  
fax: \_\_\_\_\_

Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Account Number: \_\_\_\_\_

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We certify that all information provided in this form is accurate and that we fully understand your credit terms and agree to proper payment in consideration of the credit provided by International Foods & Ingredients, Inc.

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

**Privacy Policy:** International Foods & Ingredients, Inc. ("IFI") is committed to protecting the privacy of our customer's information. WE DO NOT SHARE ANY CUSTOMER INFORMATION WITH OUTSIDE THIRD PARTIES. We take care to ensure that our customer's information is used for the purpose of doing business with IFI only, which includes checking credit references (when required) and communicating with you regarding our mutual business. The information we receive from you enables us to process your purchases, confirm orders, notify you of your shipment's status and provide you with future marketing information and opportunities. We store your information in our secure, protected customer database. We may use your information for marketing and promotional purposes. If you wish to "opt-out" from receiving any marketing communications from us, please email us at [customerservice@ifigourmet.com](mailto:customerservice@ifigourmet.com) or call us at (847) 855-7400.

**Account Description** (for internal use only)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Foodservice</b> -Foodservice Distributor      | <input type="checkbox"/> <b>Retail</b> - Retail Distributor |
| <input type="checkbox"/> <b>Bakery Supply</b> - Bakery Supply Distributor | <input type="checkbox"/> <b>Chain</b> - Chain account       |
| <input type="checkbox"/> <b>Grocery</b> - Grocery / In store bakery       | <input type="checkbox"/> <b>Other</b> - _____               |
| <input type="checkbox"/> <b>Wholesale</b> - Industrial / Wholesale        |   |