



INTERNATIONALTM
Trusted Ingredient Advisors

International Food Products:
Preliminary Credit Application

Rev. August 2012

GENERAL INFORMATION:

IFPC Salesperson: _____

Company Name _____ D&B No. _____

Bill to Address _____ Street _____
Ship to Address _____ Street _____

City State Zip City State Zip

E-mail address for invoices _____

Telephone No. _____ Fax No. _____

BANK INFORMATION

Name of Bank _____ Contact _____

Street Address _____ City, State & Zip _____

Fax Number _____ Account Number _____

TRADE REFERENCES

1-Name _____
Phone No. _____
Fax No. _____
Contact Name _____
E-mail _____

3-Name _____
Phone No. _____
Fax No. _____
Contact Name _____
E-mail _____

2- Name _____
Phone No. _____
Fax No. _____
Contact Name _____
E-mail _____

4-Name _____
Phone No. _____
Fax No. _____
Contact Name _____
E-mail _____

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize International Food Products, hereafter IFP, to whom this application is made to investigate these references listed pertaining to our credit and financial responsibility. We also agree to notify IFP in writing by certified mail, of a change in legal status, ownership or of authorized buyers on this account. Purchaser shall pay interest to IFP at the rate of half per cent per month (eighteen per cent annually) on any amount not paid within 30 day period. We further agree to pay reasonable legal and filing fees, court cost and any other expenses that International Food Products may incur in order to collect an account that may be placed with a third party.

Signature _____ Title _____ Date _____

RETURN COMPLETED **CREDIT APPLICATION FORM** ALONG WITH **SALES TAX EXEMPT FORM**

TO: SLSCHWOEPPE@IFPC.COM or FAX – 636-349-0717



INTERNATIONAL™
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TAX EXEMPT CERTIFICATION:
UNIFORM SALES & USE TAX
CERTIFICATE—
MULTIJURISDICTION

The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor

Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

For instructions and/or more information regarding this form click [here](#)

Authorized Signature: _____ Title: _____ Date: _____
(Owner, Partner or Corporate Officer)