

CUSTOMER INFORMATION  
**CONSOLIDATED FOODS INC**

P.O. BOX 1521  
KENT, WA. 98035-1201  
253-872-6934 \* FAX 253-872-8260

Date\_\_\_\_\_

Business Name\_\_\_\_\_ Telephone ( )\_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

E-mail\_\_\_\_\_ Fax ( )\_\_\_\_\_

Shipping Address\_\_\_\_\_

Check One: Corporation\_\_\_\_\_ Partnership\_\_\_\_\_ Sole Proprietorship\_\_\_\_\_ LLC \_\_\_\_\_

Federal ID #\_\_\_\_\_ Resale # \_\_\_\_\_

Business Owner \_\_\_\_\_ Date Established\_\_\_\_\_

Accounts Payable Contact\_\_\_\_\_ Phone#\_\_\_\_\_ Alternate Phone#\_\_\_\_\_

Trade Credit Reference:

Name\_\_\_\_\_ Telephone \_\_\_\_\_

Address\_\_\_\_\_ Account No.\_\_\_\_\_

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**PAYMENT TERMS: NEW CUSTOMERS MUST PREPAY ORDERS FOR THE FIRST 6 MONTHS PRIOR TO SHIPPING (VISA/MASTERCARD/COD OR CHECK)  
TERMS THEREAFTER WILL BE NET 20 DAYS. MINIMUM ORDER \$100.00**

The above information as well as any accompanying, supporting information is for the purpose of obtaining an account and is warranted to be true. I/we do hereby authorize Consolidated Foods, Inc to investigate the references pertaining to my/our credit and financial responsibility.

Consolidated Foods, Inc reserves the right to refuse or revoke credit/change terms at any time.

I/we have read and agree to Consolidated Foods, Inc's terms and conditions.

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

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

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

Please be assured that this information will be used internally for credit review purposes and will be treated as strictly confidential.

**Orders will not be processed without a signed Consolidated Foods Customer Information form and Re-Sale Number on file**