



International Meat Company, Inc
7107 W Grand Avenue
Chicago, IL 60707
773.622.1400
773.622.6829 Fax

CUSTOMER APPLICATION

Please complete forms and return to
internationalmeat@sbcglobal.net

or fax to

773.622.6829

INTERNATIONAL MEAT COMPANY, INC

7107 W. Grand Ave., Chicago, IL 60707

P (773) 622-1400 F (773) 622-6829

BUSINESS INFORMATION

Business Name: _____ DBA: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Premises owned? Yes ___ No ___ Mortgage Holder: _____ Account #: _____
If leased, Landlord's name _____ phone number: _____
Shipping address #1: _____ City: _____ State: _____
Shipping address #2: _____ City: _____ State: _____
Shipping address #3: _____ City: _____ State: _____
Federal tax ID: _____ Type of Business: _____
Type of ownership: (check one) Corporation ___ Partnership ___ Individual ___
Date established: _____ State incorporated in: _____ State Resale #: _____
Phone: _____ Fax: _____
Contact person: _____ Phone number: _____
Estimate the dollar amount of your monthly purchases: _____

****PLEASE PROVIDE A COPY OF VALID AND ACTIVE INCORPORATION DOCUMENT**

PRINCIPAL OWNERS, PARTNERS OR OFFICERS

Name: (PRINT) _____ Title: _____
Home address: _____ City: _____ State: _____
SS#: _____ DL#: _____ State: _____
Phone: _____ Email: _____

Name: (PRINT) _____ Title: _____
Home address: _____ City: _____ State: _____
SS#: _____ DL#: _____ State: _____
Phone: _____ Email: _____

****PLEASE PROVIDE A CLEAR COPY OF DRIVER'S LICENSE FOR EACH PRINCIPAL**

BUSINESS TRADE REFERENCES

Company Name: (PRINT) _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Facsimile: _____
Contact person: _____ Email: _____

Company Name: (PRINT) _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Facsimile: _____
Contact person: _____ Email: _____

Company Name: (PRINT) _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Facsimile: _____
Contact person: _____ Email: _____

BANK REFERENCES

Bank #1: _____ Branch: _____
Address: _____ City: _____ State: _____
Contact Person: _____ Account #: _____
Phone: _____ Facsimile: _____
Business Name on account: _____

Bank #2: _____ Branch: _____
Address: _____ City: _____ State: _____
Contact Person: _____ Account #: _____
Phone: _____ Facsimile: _____
Business Name on account: _____

I am applying for credit and authorize International Meat Company, Inc. to contact my bank references for information regarding my account and standing.

Signature: _____ Title: _____ Date: _____

AGREEMENT

For consideration of credit, I _____ (debtor) declare that all information provided herein are true and correct to the best of my knowledge and belief. My signature(s) below attest to the financial condition of the company and my financial solvency and willingness to pay all obligations as they become due. I understand and agree the terms to be seven (7) days net, unless otherwise agreed to in writing.

I understand credit is extended at the sole discretion of the creditor and depends on my payment history, current account condition, and other relevant information. I understand and agree that credit may be discontinued at any time and without notice. Failure to fill in all the blanks on this application or failure to supply all information will result in denial of credit. I declare that I have authority to apply for credit on behalf of the company listed above. I agree, that by signing this application, I authorize INTERNATIONAL MEAT COMPANY, INC. or it's agent to request and/or investigate my personal and business credit and financial information, including but not limited to banking records, other trade records, tax or other financial records. I agree to provide all information as requested by this application, including all banking and personal information, and a failure to do so may result in denial of credit.

I agree to pay for each invoice in accordance with the terms herein following. Failure to pay account in full within the agreed terms, shall be a default under the terms, and the delinquent balance shall bear interest from the date of delinquency at the rate of 1 1/2% per month or at the maximum rate permitted by law. Interest charged by the creditor does not bar the creditor from bringing legal action to collect any balances due. All NSF checks will be assessed a \$50.00 return check charge and subject to treble damages under ILCS. Creditor may take legal action to collect upon the failure of debtor to pay the account in full when requested by creditor. Debtor agrees to pay interest as described in the terms and pay all collection costs and reasonable fees, including fees for collection agencies, all attorney fees and all legal fees associated with the collection of said account.

Creditor requires a signature on all deliveries of product. I agree that any person signing for delivery is authorized to sign for delivery of product and binds debtor for payment of product as described in this agreement. Failure to obtain a signature upon delivery of product by creditor does not relieve debtor of payment for delivered product.

The basis of granting credit is based upon the information supplied in this application and agreement, and any misrepresentation in this application will be considered fraud and subject to criminal prosecution. I agree to notify creditor by certified mail of any change of ownership or any other change of information provided on this application within five days of change of information. I agree to provide updated information regarding our financial accounts every six (6) months.

I agree to neither order nor accept product from creditor while I or my company(s) are insolvent, as defined by the Uniform Commercial Code Section 1201 (23). If an order is placed or accepted by debtor while debtor is insolvent, such order or delivery shall constitute a written misrepresentation of solvency to the creditor within the meaning of the Uniform Commercial Code Section 2702 (2).

I agree that creditor shall not be responsible for any nonconformity as to quantity, quality or price unless noted on the original delivery invoice and receipt at the time of delivery. Otherwise, the product must be rejected within five (5) days of delivery of product, by certified mail, return receipt requested to the creditor.

Debtor has executed this agreement, and binds himself and the company this _____ day of _____, 20__.

Signature of Applicant/Debtor

Date: _____ Title: _____

International Meat Co.

7107 W. GRAND AVE.

CHICAGO, IL 60707

Release of Bank and Credit Information

Authorized Signature: _____

Printed Name: _____

Title: _____

Company Name: _____

Date: _____

International Meat Co.

7107 W. GRAND AVE.

CHICAGO, IL 60707

Customer Information Form

Customer Name _____

Billing Address _____

Email Address _____

Company Website (if available) _____

Phone Number _____

Billing Contact _____ Phone # _____

Purchasing Contact _____ Phone # _____

Fax Number _____



CRT-61 Certificate of Resale

Step 1: Identify the seller

1 Name International Meat Company

2 Business address 7107 W Grand Avenue

Chicago IL 60707
City State Zip

Step 2: Identify the purchaser

3 Name _____

4 Business address _____

City State Zip

5 Complete the information below. Check only one box.

The purchaser is registered as a retailer with the Illinois Department of Revenue. _____
Account ID number

The purchaser is registered as a reseller with the Illinois Department of Revenue. _____
Resale number

The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.

I am the identified purchaser, and I certify that the following percentage, _____ %, of all of the purchases that I make from this seller are for resale.

Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

Purchaser's signature Date

Note: It is the seller's responsibility to verify that the purchaser's Illinois account ID or Illinois resale number is valid and active. You can confirm this by visiting our web site at tax.illinois.gov and using the Verify a Registered Business tool.

General information

When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property. Do not mail the certificate to us.

Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois account ID number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

Note: A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

Specific instructions

Step 1: Identify the seller

Lines 1 and 2 Write the seller's name and mailing address.

Step 2: Identify the purchaser

Lines 3 and 4 Write the purchaser's name and mailing address.

Line 5 Check the statement that applies to the purchaser's business, and provide any additional requested information. **Note:** A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

Step 3: Describe the property

Line 6 On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

Step 4: Complete for blanket certificates

Line 7 The purchaser must check the statement that applies, and provide any additional requested information.

Step 5: Purchaser's signature

The purchaser must sign and date the form.



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Credit Card Authorization Form

Your invoice payment will be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize your invoice payment to be charged to your credit card. You will be charged the amount on each invoice you receive. A receipt for each payment will be emailed or faxed and delivered with each order to you. You agree that no prior-notification will be provided for the payment being collected.

Please complete the information below:

I _____ authorize **International Meat Company, Inc.** to charge my credit card indicated below for payment of my invoices.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **International Meat Company, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. In the case of a Transaction being denied. I understand that **International Meat Company, Inc.** may at its discretion attempt to process the charge again within 2 days, and agree to an additional charge for each attempt denied which will be initiated as a separate transaction from the authorized payment. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.