



# Dot Foods Credit Application

Please include your State Resale Certificate for Sales Tax. We need this along with the credit application prior to credit approval.

- Foodservice
- DFID
- C Store
- Non-Foods/E&S

Salesperson \_\_\_\_\_  
 Return FAX: 217-773-2850

## Company Information

Full Legal Name/Business Entity		Phone #	Fax #
Billing Address	City	State	Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
No. of Employees:	Year Business Established	Annual Sales	
Federal Tax ID (If Incorporated)	State of Incorporation:	Website:	
Please indicate if you have any customer that represents 50% or more of your annual sales: <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Contact Information

Name	Title	Phone	Email Address:

## Bank Reference

Bank Name	Account Number	Contact
Address	City	State Zip Phone # Fax #

## Trade Credit References

Company Name	Contact
Address	City State Zip Phone # Fax #

Company Name	Contact
Address	City State Zip Phone # Fax #

Company Name	Contact
Address	City State Zip Phone # Fax #

Company Name	Contact
Address	City State Zip Phone # Fax #

Company Name	Contact
Address	City State Zip Phone # Fax #

I hereby certify that all tangible personal property purchased from Dot Foods Inc. is exempt from sales and use tax, as it is for resale in the same form or as an ingredient or component part of a product for sale. Please enter Tax Exempt Certificate or Permit Number \_\_\_\_\_.

The above information is true and correct to the best of my knowledge. I authorize the bank or financial institution listed above to release credit information to Dot Foods. Payments to Dot Foods, Inc. will be made in accordance with the terms listed on the invoices of Dot Foods, Inc.

Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_