

**FOUR STAR FOODS**



CHICAGO, IL

Phone (312) 563-0300 Fax (312) 563-0100 Email: accounting@fourstarfoods.com

APPLICATION FOR ACCOUNT SETUP

**Company Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ **Email Address :** \_\_\_\_\_

Business Type (  one)                      LLC                      CORPORATION                      Corporation: State Of \_\_\_\_\_

Years in Business: \_\_\_\_\_

Years in Business with current Owners: \_\_\_\_\_

Resale Tax I.D. Number: \_\_\_\_\_

**List Two Partners or Corporate Officers**

Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**Person to contact regarding invoice payments**

Name \_\_\_\_\_ Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Payment preference (  one)                      CASH                      CHECK                      ACH                      CREDIT CARD

\*four star foods does not accept 2nd or 3rd party checks

**If you'd like to pay by company check, we need to contact your bank for a reference. Please provide all information**

Bank Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Contact and Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Contact and Phone: \_\_\_\_\_

**List Three Trade References (company name, contact name, phone number, & email address)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please Read and Sign**

The above information is submitted specifically and for the sole purpose of opening an account. By printing my name, I hereby certify the information to be true.

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

**Personal Guaranty**

I hereby guarantee full and complete payment for all open invoices. I agree to pay all costs and expenses including attorney fees,(computed at 35%) incurred at attempting to collect the amount due to Four Star Foods by reason of non-payment when claim is turned over to attorney for collection.

The undersigned agree to the terms stated above and grant permission to any of our references to provide Four Star Foods with financial information concerning our company.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form must be filled out in its entirety in order to open an account with Four Star Foods, Inc.**