



APPLICATION FOR CREDIT

PLEASE FULLY COMPLETE THIS THREE-PAGE APPLICATION, SIGN, AND RETURN

Date _____

Fax to: +1 866 221-5563

COMPANY INFORMATION (COMPLETED BY CUSTOMER)

1) Name of Company

2) Company Number (Tax ID or other)

3) Company Address:	City, and State, Province or County	Country	Post/Zip Code
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4) Company Owner's Address (if applicable):	City and State, Province or County	Country	Post/Zip Code
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5) Phone Number	Fax Number	How long in business?
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6) You are applying for credit with Integrated Foods,

_____ North America _____ Mexico _____ Other ("X" all that apply)

7) Estimated Annual Purchases:	Requested Credit Limit:
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9) Dun & Bradstreet Number (if applicable)

10) Please indicate Company's legal entity form: Corporation _____ Ltd. Liability Company _____ Ltd. Liability Partnership _____	Sole Proprietorship _____ Other _____ If you are a business unit or division, please indicate the full legal name and location of the entity of which you are a unit: _____
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11) Affiliate Status. If Company is owned in whole or in part by one or more commercial legal entities, please indicate the full legal name(s) of the owner(s) and, if more than one, their respective shares of ownership:	Name: _____ Share of Ownership: _____ Name: _____ Share of Ownership: _____
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12) Primary Accounts Payable ("AP") Contact Name	AP Phone	AP Fax
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AP e-mail address:	Other e-mail contact address:
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Continued on Page 2



TERMS OF SALE

Integrated Foods provides agreed goods and services in exchange for payment within terms. Payment is expected at Integrated Foods's designated address (specified on the invoice) within 3 days of the invoice due date. Cash on Delivery (COD), Payment Prior to Shipment (PPS) or any other method of payment may be required pending receipt and review of a customer's credit application.

It is understood and agreed that once Integrated Foods has approved the credit application, payment will be tendered according to the assigned credit terms. Integrated Foods may take any remedial action available to it and/or modify or revoke your credit terms in case of failure to make payment as agreed. This may include, but is not limited to, use of outside agencies or attorneys. By signing this application, Customer agrees that it is responsible for payment of costs and fees incurred by Integrated Foods or by outside service agencies or attorneys to collect amounts past due.

(If the Customer is a business unit or division of an entity, versus a separate legal entity, the legal entity which owns Customer must be named as the Customer, though the division or business unit name may also be indicated, and the individual signing must be an authorized signatory of the legal entity which owns the division or business unit.)

Printed Name of Customer or Legal Entity Owner:

Signature: _____

Title: _____

Date: _____

NEW APPLICATIONS MUST INCLUDE THE FOLLOWING FOR EACH CUSTOMER AND EACH JOINTLY RESPONSIBLE INDIVIDUAL OR ENTITY:

- Financial Statements
- TWO Trade References
- Bank References
- Accts Payable Contact Name/Phone/Fax numbers

CREDIT & TREASURY SERVICES USE ONLY

DATE _____ SALESMAN _____ NEW ACCOUNT _____ EXISTING ACCOUNT _____

ACTIVE SBU/CUST # _____

BUSINESS UNIT _____ CUSTOMER I.D. _____ CREDIT LINE _____ TERMS _____

APPROVED BY: _____ PHONE _____ DATE _____



STATEMENT OF INDIVIDUAL AND/OR JOINT AND SEVERAL LIABILITY

To be Signed by Owners of Sole Proprietorships,
and upon request of Integrated Foods, by Partners or Owners of
Partnerships, Joint Ventures, and Privately Held Corporations

The undersigned hereby acknowledge, if he or she is the principal of a Customer named above that is a Sole Proprietorship, that he or she is personally liable for all of the debts of the Customer, regardless of whether the Customer uses a trade name other than the undersigned's name.

Each of the undersigned Partners or Owners who are not Customers hereby agrees to be jointly and severally liable for, and to pay, all invoices of the Customer named above in accordance with such Customer's contract with Integrated Foods and this application for credit. in the event of such Customer's failure to pay any invoice or other amount when due.

Printed Name of Sole Proprietor, Partner or Owner:	Printed Name of Additional Partner or Owner:
Signed By:	Signed By:
Its: <small>(Fill in title if partner or owner is a legal entity rather than an individual)</small>	Its: <small>(Fill in title if partner or owner is a legal entity rather than an individual)</small>
Date:	Date:

AUTHORIZATION TO OBTAIN CREDIT INFORMATION FOR ANY PARTNER, OWNER OR INDIVIDUAL NAMED ABOVE AS A PARTY THAT IS LIABLE FOR THE DEBTS OF THE CUSTOMER NAMED ABOVE

Each of the undersigned hereby expressly authorizes Integrated Foods to obtain credit information concerning the undersigned:

Printed Name of Partner. Owner:	Printed Name of Additional Partner or Owner:
Signed By:	Signed By:
Its: <small>(Fill in title if partner or owner is a legal entity rather than an individual)</small>	Its: <small>(Fill in title if partner or owner is a legal entity rather than an individual)</small>
Date:	Date: