



# New Customer Application

Business Name: \_\_\_\_\_ DBA : \_\_\_\_\_

Address (Number, Street, City, State, Zip Code) : \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Business Type (Corporation/LLC/Other) \_\_\_\_\_

Company has been constituted under the State Laws of: \_\_\_\_\_ EIN#: \_\_\_\_\_

Date started: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_ DUNS#: \_\_\_\_\_

**Contact Name, Phone Number and e-mail of:**

President/Owner \_\_\_\_\_ Controller/ CEO: \_\_\_\_\_

Accounts Payable Manager: \_\_\_\_\_ Purchaser: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Routing Number (check): \_\_\_\_\_

Bank Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Branch Name or Address: \_\_\_\_\_

Name(s) and Signature(s) of Person(s) authorized to sign checks:

**\*\*\*\*\* Please provide a copy of a voided check \*\*\*\*\***

We authorize (bank name): \_\_\_\_\_ to release account information to INTER FOODS of MIAMI, LLC

**List your 3 more significant references**

Busines Name	Contact Person	Phone	e-mail:	Payment Terms	Doing business since:

Authorized Person Name: \_\_\_\_\_ Authorized Person Position: \_\_\_\_\_

Authorized Person Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_