

Date opened ____/____/____ Account# _____

Date ____/____/____

Credit Application

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

SSN# _____ Fed Tax ID _____

Email _____

Check box if you would like all invoices & statements emailed.

Sales Tax Exempt# _____

If you're Taxable please check this box

Type of Operation: (Dealer)(Hog)(Beef)(Poultry)(Veal)(Dairy)Other _____

Financial Information

Bank _____

Account Number _____

Bank Address _____

City _____ State _____ Zip _____

Telephone _____

References

Name _____

Telephone _____

Term: Invoices are due and payable 30 days after invoice date. All invoices will be charged 1.5% interest 30 days after invoice date.

I, the above applicant do hereby certify that the above information is correct. I also fully understand the credit term of Veterinary & Poultry Supply, Inc, and agree to proper payment in consideration of extended credit.

I understand that VPSI is authorized to pull a credit report as needed to maintain account.

Signed _____ Date ____/____/____