

BUSINESS CREDIT APPLICATION

Chugwater Chili Corp.

BUSINESS INFORMATION

Company name:		EIN:
Additional DBA or trade names:		D&B#:
Business address:		
City:	State:	ZIP:
Phone:	Fax:	Email:
Name(s) of owners:		
Credit amount requested:	Annual Sales:	Financial reports available? Yes / No
Type of business entity: () Corporation () LLC () Partnership () Sole proprietorship		
Incorporation date:	How long in business:	

BANK INFORMATION

Bank name:		
Branch address:		
City:	State:	ZIP:
Bank contact:	Phone:	Fax:
Type of account:	Account number:	

TRADE REFERENCES

1) Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
2) Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
3) Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

AGREEMENT

1. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I hereby authorize the bank and trade references listed in this credit application to release necessary information to your company in order to verify the information contained herein.
2. All invoices are to be paid 30 days from the date of the invoice. Past due invoices may be subject to a late fee of 1-1/2% per month on the unpaid balance.
3. Claims arising from invoices must be made within seven working days.

SIGNATURES

Title:	Title:
Date:	Date: