

MILLE LACS FOODS - CREDIT APPLICATION (reply fax to 608-825-6463)

BUSINESS CONTACT INFORMATION

Name/Title:

Company name:

DBA (if applicable):

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Type of Business:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Federal Tax ID#:

Phone:

Fax:

E-mail:

Bank name:

Contact:

Bank address:

Phone:

Fax:

City:

State:

ZIP Code:

Savings Account #

Checking Account #

A/P Contact

Phone:

Fax:

E-mail:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Present account terms:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Present account terms:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Present account terms:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice unless prior arrangements have been made.
2. Claims arising from invoices must be made within five working days.
3. By submitting this application, you authorize Mille Lacs Foods to make inquiries into the banking and business/trade references that you have supplied.
4. Include a valid resale certificate or other proof of Sales Tax exemption.

SIGNATURE

Name/Title:

Date: