

Uncle Dan's

APPLICATION TO UNCLE DAN'S SALAD DRESSING, INC FOR OPEN ACCOUNT BILLING

The following information is submitted as a basis to extend undersigned an open line of credit. Please type or print. **Fill out form completely.** INCOMPLETE FORMS WILL NOT BE PROCESSED.

You may substitute your in house credit application as long as it contains ALL information we are asking for below. Please fill in areas below that are NOT on your in house credit application. Your signature must appear on this from.

Business Name _____	Federal Tax ID (EIN) required if business is a corporation or LLC: _____ Social Security Number (SSN) required if business is a sole proprietor: _____
Business is an: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor	
Business Street Address _____	
Business City/State/Zip _____ / _____ / _____	
Business Mailing Address _____	
Business City/State/Zip _____ / _____ / _____	
Phone (____) _____ - _____ Fax (____) _____ - _____ Email _____	
Type of Business _____ Date Established _____	
Name of Owner/Proprietor _____	
Home Address _____ City _____ St _____ Zip _____	
D.O.B. _____ Home Phone (____) _____ - _____ Mobile Phone (____) _____ - _____	
Annual Sales Volume _____	

REFERENCES

Please fill out the attached Vendor Information Form. Failure to fill out Vendor Information forms will result in no action taken by Uncle Dan's Salad Dressing, Inc. for processing your account.

BANK REFERENCES:

Name of Bank _____ Address/Branch _____
City/State/Zip _____ Phone # _____
Contact _____

Enclose a copy of current financial statement or annual report if available

Amount of Credit desired: \$ _____

CONFIDENTIALITY – THE INFORMATION GATHERED ON THESE DOCUMENTS IS INTENDED FOR THE SOLE USE OF APPROVING AN ACCOUNT FOR OPEN BILLING WITH UNCLE DAN'S, INC. THE INFORMATION CONTAINED HEREIN IS CONSIDERED TO BE EXTREMELY CONFIDENTIAL. AT NO TIME WILL UNCLE DAN'S SALAD DRESSING, INC. USE THIS INFORMATION FOR ANY PURPOSE OTHER THAN TO COLLECT BAD DEBTS OWED BY THE COMPANY LISTED AND/OR THE AUTHORIZED PERSONS SIGNATURE BELOW.

Should we approve this application, you agree to pay for all goods purchased upon receipt of invoice. Uncle Dan's, Inc. is authorized to contact any references or bank listed above. It is understood that any information so obtained will be used solely for the basis of granting credit. SHOULD IT BECOME NECESSARY TO COLLECT ON THIS ACCOUNT BY LEGAL PROCEEDINGS OR OTHERWISE, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISE TO PAY ALL COSTS OF COLLECTION FEES, ALL APPLICABLE COSTS ASSOCIATED WITH THE COLLECTION AND INCLUDING ALL ATTORNEY'S FEE. In the event of collection, legal action or arbitration the venue of record will be the City of Spokane, County of Spokane, State of Washington.

As the undersigned I agree to the terms and conditions and I am legally authorized to bind the company under this agreement.

Authorized Signature Only: _____ Date: _____
Printed Name: _____ Title: _____