

DATE \_\_\_\_\_

# CREDIT APPLICATION

TAX ID# \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

A/P CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

A/P EMAIL \_\_\_\_\_

### TRADE REFERENCES

NAME	ADDRESS	PHONE #	FAX #
1.			
2.			
3.			

### BANK REFERENCE

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NUTRITIONIST NAME/COMPANY \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

In consideration of extending credit to the applicant, the applicant warrants that the information furnished on this application is true and correct. Permission is granted to contact and investigate the references furnished.

It is further agreed by the applicant to pay for all items delivered within the terms of the invoices and to pay all reasonable costs and expenses, including reasonable interest and attorney's fees incurred in the collection of a past due account or any amount due for merchandise ordered.

**Please note: Packerland Whey terms are net 30.**

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAX TO 920-845-2313 OR MAIL TO: 407 4<sup>TH</sup> ST, LUXEMBURG, WI 54217  
PHONE 1-855-551-9439