

30 Day Open Account Credit Application

Uvalde Producers Feed LLC
1704 Milam St, Uvalde, TX 78801
Uvaldeproducers@yahoo.com

Customer Name: _____ Date: _____

Address: _____ City: _____ ST: _____ Zip: _____

Telephone: _____ Fax: _____

Name of Owner, Principal or, if a division or subsidiary, Parent Co.:

Buyer's Name: _____ How Long in Business: _____

Accts Pay Contact: _____ Accts. Pay Telephone No: _____

CREDIT REQUESTED: \$ _____

Comments: _____

REFERENCES:

Bank Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact: _____

Account No: _____ Telephone: _____

SUPPLIERS:

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact: _____

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact: _____

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact: _____

The undersigned hereby authorizes any bank or other lender or grantor of credit, to provide RAD Feed and Supply information regarding the character, reputation, financial responsibility and indebtedness of the undersigned as requested by RAD, for the purpose of evaluating the commercial credit request of the undersigned, and hereby releases RAD, and any lender or grantor of credit from any and all claims or causes of action that may arise of which he might have by reason of information furnished RAD by said bank or other lender of grantor of credit.

Date: _____

Signature: _____

Written Authorization to Obtain Credit Request

Please sign one form for each application

IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT, THIS IS TO INFORM YOU THAT YOU ARE AUTHORIZING RAD FEED AND SUPPLY AND/OR ITS SUPPLIERS TO OBTAIN A COMSUMER AND/OR BUSINESS PROFILE CREDIT REPORT. YOU HAVE THE RIGHT TO DISPUTE THE INFORMATION ON THIS REPORT AND REQUEST ADDITIONAL DISCLOSURES PROVIDED UNDER SECTION 606§1681d(b) OF THE FIRST CREDIT REPORT ACT, AND A WRITTEN SUMMARY OF YOUR RIGHTS PURSUANT TO SECTION 609(c). YOU MAY DO THIS BY CONTACTING THE PROVIDER OF THE INFORMATION. PLEASE CONTACT RAD FEED AND SUPPLY FOR ANY QUESTIONS OR DISCREPANCIES. YOU ALSO RELEASE FROM LIABILITY ANY PERSONS INVOLVED IN THE CREDIT INVESTIGATION.

CURRENT NAME: _____ SSN: _____

Last, First, Middle

OTHER NAMES USE: _____ SSN: _____

Last, First, MI or Business Name

ADDRESS: _____ CITY: _____ ZIP: _____

Residence/Business

I/We certify, to the best of my/our knowledge, that all statements above are true and complete. I/We further authorize RAD Feed and Supply and its suppliers to obtain any and all information related to credit information and credit worthiness related to obtaining credit.

Application Signature

Title

Date