



Business Credit Application

WACONIA OFFICE

9358 Oak Ave
 Waconia, MN 55387
 952-442-2380 – phone
 952-442-4945 - fax

OMAHA OFFICE

7117 Farnam St #14
 Omaha, NE 68132
 402-505-8305 - phone
 402-505-8309 - fax

ALABAMA OFFICE

5001 Whilting Dr #A
 Pelham, AL 35124
 205-663-5055 - phone
 205-663-5201 - fax

Company Information

Name of Business:			Tax I.D. Number		
Address:				Phone:	
City:	State:	ZIP:	Fax:		

Type of Business:			In Business Since:		
Legal Form Under Which Business Operates:					
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:			In Business Since:		

Contact Information

Full Name(s) of officers, partners or proprietor:		Title	
		Title	
Purchasing Contact:		Phone / E-Mail	
Accounts Payable Contact:		Phone / E-Mail	

Bank References

Institution Name:		Institution Name:		Institution Name:	
Checking Account #:		Savings Account #:		Home Equity Loan:	Loan Balance:
Address:		Address:		Address:	
Phone:		Phone:		Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

The customer understands that the terms on which Superior Feed Ingredients, LLC grants credit are:

- 1) Normal terms of sale are cash upon receipt of invoice unless otherwise stated in the sales contract and identified on our invoice.
- 2) Interest charges will be assessed at 1.5% per month (18% per annum) on the unpaid balance after 30 days from date of invoice unless otherwise stated in the sales contract and identified on our invoice.
- 3) In connection with my/our application for credit, I/we hereby authorize all my/our creditors, including all banks and/or all financial institutions to disclose to Superior Feed Ingredients, LLC details of my/our liabilities.

Upon agreement with the above, please have two (2) Company Signing Officers complete the following section:

_____	_____	_____	_____
<i>Name (Please Print)</i>	<i>Signature</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____	_____
<i>Name (Please Print)</i>	<i>Signature</i>	<i>Title</i>	<i>Date</i>