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| **Spring Valley Dairy** **Customer** Credit Application Form**Please fill out this application completely and refer any questions to our sales representative** | **Please Submit Application to:** **Email:** newaccounts@**SVDOR.com****Fax:** (503) 304-4900**Phone:** (503) 393-4850 |

## **Date:**

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| General Business Information (Complete all fields.)Legal Business Name | **Parent/Affiliated Companies (if applicable)** |
| Business Name:  | Business Name:  |
| Street Address:  | Street Address:  |
| City: State: Zip: City:  | City: State: Zip:  City:   |
| Phone #: **(    )   -**  | Phone #: **(  ) -**  |
| Fax **( ) -**  | Fax #:**( ) -**  |
| Web Address:  | Web Address:  |
| Federal Tax ID #:       Dun & Bradstreet ID #:       DBA, if any:       VAT#, if any:      ***(Note: If applicable, copy of reseller or tax exemption certificate required.)***Type of Business: [ ]  Individual [ ]  Partnership [ ]  Corporation [ ]  Govt. Agency [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Public [ ]  Private [ ]  Public Univ/Coll [ ]  Private Univ/CollYears in Business:       Year of Inc.:       State of Inc:        |
| **Credit Requested $:**        **Terms Requested :**        |
| Are Purchase Orders Used? [ ]  Yes [ ]  NoName of person responsible for purchasing:       Telephone:       Email:       Name of person responsible for accounts payable:       Telephone:       Email:        |

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| Name of buyer |  | Email Address |
| Buyer Is registered as | [ ]  **Wholesaler** **[ ]**  **Retailer** **[ ]** **Restaurant** **[ ]**  **Retirement home** **[ ]**  **Manufacture**[ ]  **Other:** |
| Items Buyer interested in  |  |
| Requested or information you are looking for from our Spring Valley Dairy?  |  |

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| **Name of Owners, Partners, or Officers and Titles if Incorporated** (Complete all fields and provide at least one owner, partner or officer.) |
| Name: |  | Name: |  |
| Title: |  | Title: |  |
| Phone #: | **(     )       -** | Phone #: | **(     )       -** |
| Email: |  | Email: |  |

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| **Customer Trade Reference Information** (Please provide information of at **least three** companies you represent / distribute for.) |
| **Name:** |  | **Name:** |  |
| Contact Person: |  | Contact Person: |  |
| Address: |  | Address: |  |
| City:  |  State:  Zip:   | City:  |  State:  Zip:  |
| Phone #: | **(     )       -** | Phone #: | **(     )       -** |
| Fax #: | **(     )       -** | Fax #: | **(     )       -** |
| Email:  |  | Email:  |  |
| Account #: |  | Account #: |  |
| **Name:** |  | **Name:** |  |
| Contact Person: |  | Contact Person: |  |
| Address: |  | Address: |  |
| City:  |  State:  Zip:   | City:  |  State:  Zip:  |
| Phone #: | **(     )       -** | Phone #: | **(     )       -** |
| Fax #: | **(     )       -** | Fax #: | **(     )       -** |
| Email:  |  | Email:  |  |
| Account #: |  | Account #: |  |
| Distributor Bank Reference Information (Complete all fields and provide at least one reference.) |
| **Bank Name:** |  | **Bank Name:** |  |
| Contact Person: |  | Contact Person: |  |
| Address: |  | Address: |  |
| City:  |  State:  Zip:  | City:  |  State:  Zip:  |
| Phone #: | **(     )      -** | Phone #: | **(     )      -** |
| Fax #: | **(     )      -** | Fax #: | **(     )      -** |
| Email:  |  Email:  |
| Checking Acct #: |  | Checking Acct #: |  |
| Savings Acct #: |  | Savings Acct #: |  |
| Loan Officer: |  | Loan Officer: |  |
| Loan #: |  | Loan #: |  |

This application is submitted for the purpose of obtaining credit with Spring Valley Dairy Inc. and is warranted to be true. By signing this application the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent moneys. The undersigned hereby authorizes Spring Valley Dairy Inc., to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) of record to release information regarding accounts.

**Signature of Authorized Owner, Partner or Corporate Officer Required.**

**Please include current financial statements. Personal financial statements for all owners/officers must be furnished for companies in existence less than two years. Please note that interest of**

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| **Signature of Owner, Partner or Corporate Officer** |  | Date |
|  |  |  |
| **Printed Name of Signer** |  | **Title** |
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| **Spring Valley Dairy**  | **Please Submit Application to:** **Email: newaccounts@SVDOR.com****Fax: (503) 304-4900****Phone: (503) 393-4850** |

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| **Spring Valley Dairy Salesman information** **(All must be filled out before turning in to credit manager)** |
| **Date of first delivery**( please give office 1 week for processing) | **Salesman’s Name:** |  |
| **Route #** | **Average Delivery** (Must be more than $250.00) | Credit limit requested: $  |
| **Route Day** |  | **Price list**  |  |
| **If receiving Nestles products** | [ ]  Central Bill [ ]  Non- Central Bill  | **Nestles Qualifiers**  | [ ]  5 [ ]  10 [ ]  NW Grocers [ ]  Other: |
| **Specialty products information**  |  | **Order Desk location**  | [ ] Lorena [ ] Salem [ ]  JC [ ]  Clackamas |
| **List of product carried attached** **[ ]**   |  |
| **Would they like to receive emailed Statements/invoices?** | [ ]  Statements [ ]  Invoices [ ] Both      |
| **Frequency of emailed billing**  | [ ]  Monthly [ ]  Weekly  |
| **Email Address for above billing** (only one Email)  |
| **Ordering Method**  | [ ]  **On-line** [ ]  Fax [ ]  Email [ ]  phone [ ]  Driver Maintains |
| **Ordering Reminder**  | [ ]  Yes [ ]  No If you marked yes please provide an email address to receive this reminder:  |
| Other Notes: |

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| **Spring Valley Dairy office use only**  |
| **Account Number**  | **Account Terms**  | **[ ]**  **C.O.D** **[ ]**  **N4** **[ ]**  **N7** **[ ]**  **N14** **[ ]**  **N30** **[ ]**  **P10**[ ]  **Other**  |
| **Date App Received:** | **Credit limit**  |  |
| **Date App Entered**  | **Date we should receive our first payment before**  |
| **Copied to Driver** Name of drivers at time |  **CHECK LIST:****[ ]**  Verify email address with welcome letter [ ]  Terms [ ]  OOT Frequency/grace period [ ]  Remote A/R day [ ]  Invoicing Method [ ]  A/R auto billing information [ ]  Price list [ ]  Routed [ ]  Added to group if that applies  [ ]  First payment made [ ] Date : |
| **Misc. information**  |  |
| **Entered by**  |  | **Double Checked by** |  |

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| Spring Valley Dairy **Release of information**  | **Please Submit Application to:** Email: newaccounts@**SVDOR**Fax: (503) 304-4900Phone: (503) 393-4850 |

In consideration of an open account arrangement with Spring Valley Dairy Inc., I hereby authorize you to release information to Spring Valley Dairy, Inc. regarding credit history, checking and savings accounts, and/or loan experience. Thank you for your cooperation.

Legal Name of Company

DBA, if any

Authorized Signature

Title

Date