



Credit Application

NAME/ADDRESS

BUSINESS NAME:			TAX ID:
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE:	FAX:	WEBSITE:	

COMPANY INFORMATION

TYPE OF BUSINESS:		IN BUSINESS SINCE:		
LEGAL FORM UNDER WHICH COMPANY OPERATES:				
		CORPORATION:	PARTNERSHIP:	PROPRIETORSHIP:
SUBSIDIARY OR DIVISION OF:		IN BUSINESS SINCE:		
NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS:				TITLE:
ADDRESS:	CITY:	STATE:	ZIP:	TEL:
NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS:				TITLE:
ADDRESS:	CITY:	STATE:	ZIP:	TEL:

BANK REFERENCES

BANK NAME:	BANK NAME:	BANK NAME:
CONTACT:	CONTACT:	CONTACT:
E-MAIL:	E-MAIL:	E-MAIL:
ACCOUNT NUMBER:	ACCOUNT NUMBER:	ACCOUNT NUMBER:
ADDRESS:	ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:	TELEPHONE:



Credit Application

TRADE REFERENCES

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
CONTACT:	CONTACT:	CONTACT:
E-MAIL:	E-MAIL:	E-MAIL:
ADDRESS:	ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:	TELEPHONE:
ACCOUNT OPENED SINCE:	ACCOUNT OPENED SINCE:	ACCOUNT OPENED SINCE:
CREDIT LIMIT:	CREDIT LIMIT:	CREDIT LIMIT:
CURRENT BALANCE:	CURRENT BALANCE:	CURRENT BALANCE:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Midland Foods, LLC in order to verify the information contained herein.

SIGNATURE OF AUTHORIZED PERSONAL