## CREDIT APPLICATION/AGREEMENT



FINANCIAL STATEMENT REQUESTED

**Cargill Salesperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please provide all information requested. Information received is for credit purposes only and will be held in strict confidence.

***APPLICANT:***

Legal Name: Trade Style:

Billing Address:

City: State: Zip Code:

Phone Number: Fax Number: Email:

Owned by Whom: Year Started: D&B #:

***SHIPPING ADDRESS***:

Name:

Address: City: State: Zip Code:

***BANK REFERENCES*** **Primary Bank Name:**

Street Address: City:

State: Zip Code: Phone Number: Fax Number:

Account Number: Officers Name:

***TRADE REFERENCES***

**1:** Street Address:

City: State: Zip Code: Phone #: FAX #:

**2:** Street Address:

City: State: Zip Code: Phone #: FAX #:

**3:** Street Address:

City: State: Zip Code: Phone #: FAX #:

*DISCLOSURE*: Applicant agrees to pay all invoices within invoiced terms. Applicant agrees to pay all finance charges, collection, and legal fees which may result from late payment or nonpayment. Authorization is hereby granted to the above trade references and bank to release information. Applicant understands this Credit application and the information provided by Applicant herein applies to, and may be used by Cargill Incorporated and/or Cargill Meat Solutions Corporation, and/or any wholly owned subsidiaries.

**Applicant’s Signature:** **Date:**

**Position/Title:**