

## CREDIT APPLICATION

\* Sales Tax Exemption Certificate Must Be Attached

rev. 3/7/06

	Social Security #
	Federal ID #
Customer Name	Officers & Owners
Street Address	Paying Entity (if other than customer)
City State Zip	Telephone Fax
Division or Subsidiary of:	
Buisness or Product:	Number of Years:
Type of Entity: Partnership Corporation Sole Proprietorship	
For inquires or assistance, please contact: Dan Greve # 866-360-1812	
<b>BANK REFERENCES</b>	
<b>1. Bank Name</b>	Contact
Address:	Telephone #
City State Zip	Fax #
<b>2. Bank Name</b>	Contact
Address:	Telephone #
City State Zip	Fax #
<b>OTHER CREDIT REFERENCES</b>	
<b>1. Company Name</b>	Contact
Address:	Telephone #
City State Zip	Fax #
<b>2. Company Name</b>	Contact
Address:	Telephone #
City State Zip	Fax #
Anticipated First Sales Amount	Date
	Estimated Annual Purchases
<p>All purchases are Net 10 days from the Receipt of Invoice. Accounts not paid within 30 days are subject to 1.5% Late Payment Penalty (annual 18%). Accounts over 20 days past due will be placed on C.O.D. until paid in full. Collection charges or legal fees necessary to enforce payment will be added to balance due.</p> <p>I agree to abide by the credit terms as stated in the application. Until this application as been approved, all orders will be handled on a C.O.D. basis.</p> <p>The undersigned hereby authorizes the Credit Department of <b>Veterinary Medical Center/Prairie Livestock Supply</b> to obtain information pertaining to accounts of deposits, credits obligations and all other credit matters which they may require in connection with my request for a line of credit by direct contact with the references listed above, or through the use of external agencies. Should the credit line be granted by <b>Veterinary Medical Center/Prairie Livestock Supply</b>, all decisions with respect to the extension or continuation shall be in the sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion.</p> <p>All information will be held in strict confidence and used solely for credit purposes.                  Financial Statement and Sales Tax Exemption Certificate should be sent to the credit department or Fax #: 507-372-2950.</p>	
Customer Signature	Date