

Virginia Poultry Growers Cooperative

P.O. Box 228

Hinton, Virginia 22831

(540) 867-4000

Fax: (540) 867-4320

Date: _____

CONFIDENTIAL APPLICATION TO ESTABLISH BUYERS CREDIT

FAILURE TO COMPLETE APPLICATION IN ITS ENTIRETY MAY RESULT IN PROCESSING DELAYS

Corporate Name: _____

Trade Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____ Extension: _____

Corporation _____ Partnership _____ Individual _____ (please check one)

Individual authorized to release payment: _____

Line of Business: _____ How long in business: _____ years.

If under two years, show previous business: _____

Estimate of credit required: \$ _____ per _____

Are Purchase Orders Required? _____ Yes _____ No

Receiving Hours at Delivery Location: _____

Delivery Appointment Required: _____ Yes _____ No

Phone Number to Secure Delivery Appointment: (_____) _____ - _____

Name of Principal's for above firm:

1. Principal's Name: _____ Title: _____

Home Address: _____ Home Phone No.: _____

2. Principal's Name: _____ Title: _____

Home Address: _____ Home Phone No.: _____

3. Principal's Name: _____ Title: _____

Home Address: _____ Home Phone No.: _____

REFERENCES

Bank: _____ Bank Account No.: _____
Name of Account Office: _____ Phone: _____ Fax: _____
Address: _____

Trade References: Show name, address, and telephone number (please avoid regional toll-free numbers)

Supplier 1. _____ 2. _____
Address _____
City & State _____
Phone No. _____
FAX No. _____

Supplier 3. _____ 4. _____
Address _____
City & State _____
Phone No. _____
FAX No. _____

DUNS Number _____

Individual Authorized to Release Payment: _____

Nature of Business: _____

Premises: Owned () Leased ()

Landlord's Name & Address: _____

Fire Insurance Company: _____ Policy No.: _____

AGREEMENT

Applicant agrees to provide a copy of its most recent fiscal year end financial statement with supporting schedules. If financial statements are not submitted, the application will not be processed.

If my bank requires it, my signature below authorizes them to release general financial information to VPGC, Inc. to process this credit application.

Customer Signature

SALES TERMS

Terms: The total invoice indebtedness is payable within 7 days after billing date.

If credit is extended to us based upon these representations, we agree to pay any obligations due to accordance with the credit terms established by your company. We agree herewith to pay reasonable attorney's fees, court costs and interest in the event it becomes necessary to place any account for merchandise, owing by us, in the hands of any attorney or the filling of any legal action for the collection of monies owed on the basis of representation given in this credit application. If a corporation, we personally guarantee payment of corporate account.

Authorized Signature: _____ Date: _____

Please print name: _____

Authorized Signature: _____ Date: _____

Please print name: _____

COMPANY USE ONLY:	Terms	Reg.	Taxable	Credit Limit
	Code	_____	<u>Y</u> <u>N</u>	Amt. _____

Credit Limit Date: ____/____/____ Business Date: ____/____/____

Class: **Broker** / **Dist** / **Emp** / **Fast Food** / **Govt** / **Institut** / **Military** / **Non-Chicken**
Other – FDSVC / **Processor** / **Retail** / **Social** / **eXport**

Requested ____/____/____ By: _____

Approved ____/____/____ By: _____

Entered ____/____/____ By: _____

Division Number _____

Corporate Customer No. _____

Broker Name _____

Broker Number _____