

# Virginia Poultry Growers Cooperative, Inc.

P.O. Box 228  
Hinton, VA 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 Principals 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

