

Credit Application and Agreement

Customer # _____

The undersigned ("Customer") hereby requests the extension of credit terms by Valley Cooperative Association (VCA), and in support of such request warrants the accuracy of the following information and, in the event VCA, in its sole discretion, agrees to extend such terms, agrees to the provisions set forth below.

Legal Name of Business: _____
 Doing Business As: _____
 Delivery Address: _____
 City: _____ State: _____ Zip: _____
 County: _____
 Phone: () _____ - _____ Fax () _____ - _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____

Date Business Established: _____
 Federal Taxpayer ID#: _____

Receiving Hours (6 HOUR Min.): _____
 Check One Of The Following:
 _____ Dock/No Touch (1) _____ Dock/Touch (2)
 _____ No Dock/1 level (3) _____ No Dock/Multi Level (4)

Type of Organization: (check one)

Individual/Sole Proprietorship Corporation Partnership/Limited Liability Partnership (LLP) Limited Liability Company (LLC)

List all Owners, Partners, Officers, or other Principals:

Name/Title: _____
 % of Ownership: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Social Security # _____
 Phone: () _____ - _____

Name/Title: _____
 % of Ownership: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Social Security # _____
 Phone: () _____ - _____

Name of contact person for payment:

Accounts Payable: _____
 Email: _____

Phone: () _____ - _____
 Fax: () _____ - _____

Bank Reference:

Name of Bank: _____
 Address: _____
 City: _____ State: _____
 Phone: () _____ - _____

Account #: _____
 How long have you banked there? _____
 Bank Officer: _____

Business References:

Name: _____
 City: _____ State: _____
 Phone: () _____ - _____
 Contact Name: _____

Name: _____
 City: _____ State: _____
 Phone: () _____ - _____
 Contact Name: _____

The undersigned warrants the accuracy of the above information and that he or she is authorized to execute this Credit Application and Agreement and to bind the Customer to its terms. Customer agrees that all invoices shall bear interest at the rate of 1.5% per month after the date each invoice is due and agrees to pay all costs of collection by VCA, including attorneys' fees or collectors' commissions. Customer agrees any such interest, fees or commissions may be deducted from any amounts owed by VCA to customer. Customer consents to jurisdiction and venue in Winnebago/Outagamie County, Wisconsin, and agrees that any action arising from the relationship between customer and VCA, including but not limited to payment of invoices and finance charges will be commenced in Winnebago/Outagamie County, Wisconsin.

Date: _____ Authorized Signature: _____ Print Name: _____

Personal Guaranty:

To induce VCA to extend credit terms to Customer, the undersigned guarantees all obligations and liabilities of every kind and description arising out of credit granted by VCA to Customer at any time prior to the receipt by VCA of written notice of revocation by Guarantor, including interest and charges (the "Obligations"), and to the extent not prohibited by law, all costs, expenses and fees (including attorney's fees) at any time paid or incurred in endeavoring to collect all or part of the Obligations, or to realize upon this Guaranty. To the extent not prohibited by law, the undersigned expressly waives notice of acceptance, the creation of any Obligation, default under any Obligation, proceedings to collect from any party, and all diligence of collection and presentment, demand, notice and protest.

Date: _____ Guarantor Signature: _____ Print Name: _____

Guarantee Agreement for Multiple Locations:

The undersigned, _____
 In consideration of Valley Cooperative Association, agreeing to extend credit to our affiliated company, to-wit,

Customer #: _____

Customer #: _____

Name of Business: _____

Name of Business: _____

Located at: _____

Located at: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Bakery Manager: _____

Bakery Manager: _____

Receiving Hours: _____

Receiving Hours: _____

Phone: _____ Fax _____

Phone: _____ Fax _____

Customer #: _____

Customer #: _____

Name of Business: _____

Name of Business: _____

Located at: _____

Located at: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Bakery Manager: _____

Bakery Manager: _____

Receiving Hours: _____

Receiving Hours: _____

Phone: _____ Fax _____

Phone: _____ Fax _____

Hereby guarantees all the credit extended to our aforementioned affiliated company and agrees to be responsible for paying any bills owed to VCA, including reasonable interest charges that our affiliated company does not pay to VCA for any reason, e.g. bankruptcy, insolvency, etc.

By checking this box and typing my name below, I am electronically signing my application. I understand that an electronic signature has the same legal effect as a written signature.

Date: _____

Print Name: _____

Signature: _____