

## 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 waive 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: \_\_\_\_\_