



CUSTOMER CREDIT APPLICATION

45 S State Hwy 59
Merced, CA 95341
209-722-1501, fax 209-722-8980
AR@KelloggSupply.com

Business Name _____ Business type: _____

Mailing Address _____ Phone: _____

City State Zip Fax: _____

Physical address (if different from above) _____
Address City State Zip

BUSINESS INFO: Corporation _____ Partnership _____ Owner _____ Years in Business _____ (required)

OWNERSHIP:

Name (Pres., Partner or Owner) Address City, State and Zip

Name (V.P., Partner or Owner) Address City, State and Zip

Name (Treasure or Secretary) Address City, State and Zip

FINANCIAL INSTITUTION:

Bank Name: _____ Account Executive: _____

Address: _____ City/State/Zip: _____

Accounts Payable:

Accounts Payable contact: _____

Phone _____ Fax _____ Email _____

Email invoices/statements: _____ (required- invoices will not be sent by mail)

Office Assistant: _____

Phone: _____ Fax: _____ Email: _____

Resale number (if applicable) _____ (signed resale form required)

Farm Tax exempt? YES [] NO [] (signed FTE form required)



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TRADE REFERENCES (REQUIRED)
NO FEED, FUEL OR UTILITY COMPANIES
ABSOLUTLY NO PERSONAL REFERENCES
MAJOR RETAIL CHAINS OR FINANCIAL INSTITUTIONS WILL NOT BE ACCEPTED

Your references must be business you carry a terms house account
We require minimum four references!

We require a fax number or email address for all references provided.

If your references do not respond or not all information is provided the application will be denied.

1. NAME _____ FAX/EMAIL _____

ADDRESS _____ PHONE _____

2. NAME _____ FAX/EMAIL _____

ADDRESS _____ PHONE _____

3. NAME _____ FAX/EMAIL _____

ADDRESS _____ PHONE _____

4. NAME _____ FAX/EMAIL _____

ADDRESS _____ PHONE _____

5. NAME _____ FAX/EMAIL _____

ADDRESS _____ PHONE _____

6. NAME _____ FAX/EMAIL _____

ADDRESS _____ PHONE _____



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Purchasing:

Purchasing contact person: _____ Phone _____

Fax _____ Email _____

Shop contact person: _____ Phone _____

Fax _____ Email _____

Do you require purchase orders? YES or NO

AUTHORIZED SIGNERS: (In order for us to better serve you we ask that you provide us with a list of persons who are authorized to purchase on your account. It is also your responsibility to provide us with an updated list as needed)

Name (first and last): _____

Name (first and last: _____

Name (first and last): _____

Name (first and last: _____

Name (first and last): _____

Name (first and last: _____

Name (first and last): _____

Name (first and last: _____

Name (first and last): _____

Name (first and last: _____

Name (first and last): _____

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Name (first and last): _____

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Name (first and last): _____

Name (first and last: _____

Name (first and last): _____

Name (first and last: _____

Name (first and last): _____

Name (first and last: _____

Agreement and Signatures

I hereby grant permission for you to verify this information with these references. I(we) also certify that the above information is true and correct, and that we can and will comply with your terms.

CREDIT TERMS: *Net 10th of month following purchase, past due on the 26th of the month. Finance charges of 1 1/2% per month, \$.50 minimum, which is an annual percentage rate of 18%, will be charged on past due accounts. Payments received after the 25th of the month will be credited to the following month. Purchaser agrees to pay collection costs in connection with the collecting of purchaser's account.*

Date

Signature

Signature

Title

Title

As a valued customer, we welcome the opportunity to open an account for you. We strive to give our customers outstanding products while delivering the best possible service. It typically takes 4 – 6 weeks to process an application; however, some suppliers will respond only in writing which may typically delay the approval of some applications.

***We appreciate that the credit application be completed in its entirety to ensure quick processing.
Thank You for applying with Kellogg Supply. All information on this form will be held in the strictest confidence.***