



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

Name _____ Type of Business _____
 Mailing Address _____ Phone _____
 City _____ State _____ Zip _____ Fax _____

Physical Address _____ City, State Zip _____

OWNERSHIP Corporation _____ Partnership _____ Owner _____ Years in Business _____ (required)

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 _____

BANK

Bank Name _____ Address _____ City, State and Zip _____

Account Executive _____ Telephone _____

TRADE REFERENCES (NO FEED, FUEL OR UTILITY COMPANIES. Absolutely NO PERSONAL REFERENCES may be submitted)

Your references must business which carries their own 30-day house accounts. Major retail chains or financial institutions will not be accepted. Fax numbers or email addresses are **required** for each reference for prompt processing.

If your references don't respond to our request your application will be denied.

NAME _____ Address _____
 City _____ State _____ Zip _____ Phone _____ Fax/Email (required) _____

NAME _____ Address _____
 City _____ State _____ Zip _____ Phone _____ Fax/Email (required) _____

NAME _____ Address _____
 City _____ State _____ Zip _____ Phone _____ Fax/Email (required) _____

NAME _____ Address _____
 City _____ State _____ Zip _____ Phone _____ Fax/Email (required) _____

Accounts Payable

Accounts Payable contact: _____
 Phone _____ Fax _____ Email _____

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

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

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



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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

Approved Purchasers:

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 25th 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

Signed

Signed

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 ask that the credit application be completed in its entirety to ensure quick processing.

Thank You for applying with Kellogg's Supply. All information on this form will be held in the strictest confidence.