

• FAMILY-OWNED AND OPERATED •

UPPER LAKES FOODS

EST 1967

Credit Application

Salesperson # _____

Legal Name of Company or Individual _____

DBA or Trade Name (If different than above) _____

Business Address _____

City _____ State _____ Zip Code _____

County _____ Business Phone # _____ Fax # _____

Email Address _____

Delivery Address _____

City _____ State _____ Zip Code _____

Billing Address (if different than listed above) _____

City _____ State _____ Zip Code _____

Check One: Sole Proprietorship _____ Partnership _____ Corporation _____ Not For Profit _____

Date Business Opened/Purchased _____

Federal Tax ID. # _____ Tax Exempt # _____

(Attach Copy of Certificate)

Liquor License # _____

If partnership or corporation list partners or officer(s) and title(s):

Owner of Business _____

Home Address _____

Home Phone # _____ Social Security # _____

Manager of Business _____

Owner of Business _____

Owner of Building & Address _____

Accounts Payable

Contact/Name _____

Address _____ Phone # _____

List Three Trade References

Name _____ City _____ State _____

Phone # _____ Fax # _____

Name _____ City _____ State _____

Phone # _____ Fax # _____

Name _____ City _____ State _____

Phone # _____ Fax # _____

Upper Lakes Foods, Inc.

Bank References:



Bank Name _____
Address _____
City _____ State _____ Zip Code _____
Bank Phone # _____ Fax # _____
Checking Account # _____ Savings Account # _____
Loan # _____ Contact Person _____

Personal Bank:

Bank Name _____
Address _____
Phone # _____ Fax # _____
Contact Person _____

Terms of Credit

A. It is understood that the amount of credit received can be increased without applicant signing a new application for credit, and upon receiving additional credit, applicant agrees that they will be bound to all of the terms and obligations of this agreement, as if the new amount of credit received was the amount of credit initially requested.

B. For any and all outstanding invoices paid with a charge card, additional fees may apply. Charge card fees will be added after invoice is created.

C. Terms Requested _____

If any amount due Seller is not paid when due a delinquency charge shall be added to the amount due.

Applicant by signing this application specifically consents to the said delinquency charge below.

Should Upper Lakes Foods, Inc. begin a collection action to recover the cost of product delivered and received by applicant but not paid for pursuant to the terms of this credit arrangement, said applicant agrees that all costs of collection including but not limited to reasonable attorney fees, filing fees, etc. shall be the sole responsibility of said applicant. Further any amount due seller that is not paid when due a delinquency charge shall be added to the amount due. Said delinquency charge shall be added to that amount due. Said delinquency charge shall be 12% per annum or maximum allowed by state statute. Applicant by signing this application consents to the delinquency charge.

Personal Guarantee

The undersigned hereby personally guarantee(s) payment of any obligation of the above applicant including any additional credit extended to the applicant over and above the amount initially requested by the applicant. The undersigned further consent(s) and authorize(s) Upper Lakes Foods, Inc. to obtain a Credit Report.

Signed/Date

Signed/Date

Printed Name

Printed Name

Address/Phone #

Address/Phone #

I/We accept and agree to all terms and conditions set out in this credit application. I/We hereby authorize Upper Lakes Foods, Inc. to review my/our references, credit and financial responsibility.

Date _____ Signed _____

Printed Name _____

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February 25, 2015