

SELECT PRODUCTS USA

APPLICATION FOR CREDIT – MEAT PRODUCTS

Date: _____

IMPORTANT REQUIREMENTS

Please note:

1. Regardless of requested terms, we require banking (checking, savings, loan) and industry trade references along with the relevant fax numbers.
2. The Credit Application must be signed by either an officer or the owner of the respective business.
3. Your year-end financial statement (Balance Sheet and Income Statement) for the fiscal year ended immediately prior to the date of this application must accompany the application if your request is for credit terms. If it is unaudited, the respective owner/officer must sign and date each financial statement. Please indicate what period is covered by each statement.
4. **Failure to fully complete all sections of this application or to provide us with the necessary information requested in legible form will delay the processing of your credit application. Items in red are required fields.**
5. If this application is faxed for processing, original must be mailed to Select Products, USA. P.O. Box 855 - Chariton, IA 50049
6. Select Products, Inc. complies with the Equal Credit Opportunity Act.

GENERAL INFORMATION			
Business Legal Name (as it appears on license) ●		Business Trade Name (dba) ●	
Business Street Address: ●		City, State, Zip ●	
Shipping Address: ●		City, State, Zip ●	
Billing Address if different ●		City, State, Zip	
Business Phone: ●	Business Fax: ●	E-mail Address: ●	
Officer/Owner Name ●	Title ●	Social Security # ●	
Officer/Owner Name ●	Title ●	Social Security # ●	
Home Address ●			
Federal ID# ●	Kind of Business ●	Day(s) of Week Invoices Paid ●	
Person Paying Invoices ●	Special Billing Instructions ●		
Have you ever applied for bankruptcy? ● Yes <input type="checkbox"/> No <input type="checkbox"/> Date filed: _____ Status: _____			
DESCRIPTION OF BUSINESS			
This company is a (check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Incorporated/Organized on: _____			
Length of time operating under the above-named business: _____ Length of time at the above address: _____			
Parent Company is _____ Pledge or borrow on A/R? _____			
Inventory? _____ From Whom? _____			
State if business building is mortgaged or lease and if so to whom? _____			
Customer agrees to notify Select Products, Inc. of any change in description as set forth above by certified mail addressed to: SELECT PRODUCTS, USA. Credit Dept P.O. Box 855 - Chariton, IA 50049			
BANK INFORMATION			
1st Bank		2nd Bank	
Address		Address	
Account Officer		Account Officer	
Telephone Number	Fax Number	Telephone Number	Fax Number
Checking Account Number	Loan Number	Checking Account Number	Loan Number

SECOND PAGE OF APPLICATION MUST BE COMPLETED AND SIGNED

PRIMARY TRADE REFERENCES (Provide at least four (4) references)

1) Name		Account Number	2) Name		Account Number
Address (P.O. Box, Street)			Address (P.O. Box, Street)		
City, State, Zip			City, State, Zip		
Telephone Number		Fax Number	Telephone Number		Fax Number
3) Name		Account Number	4) Name		Account Number
Address (P.O. Box, Street)			Address (P.O. Box, Street)		
City, State, Zip			City, State, Zip		
Telephone Number		Fax Number	Telephone Number		Fax Number
CREDIT LINE REQUESTED \$			ESTIMATED SHIP DATE		

SELECT PRODUCT USA'S SALES PERSON/BROKER:

This application is submitted by Applicant _____ to Select Product, USA. (hereinafter referred to as Select Products) to obtain trade credit, and upon acceptance by Select Products, will become a binding agreement between applicant and Select Products. _____ hereby certifies that the above information is complete and accurate and Applicant has authority to apply for credit on behalf of herein named business. Select Products will have therefore entered into the agreement in reliance on the information submitted by applicant in this application. Consent is hereby given for the foregoing information on Applicant to be verified or inquired upon either directly or indirectly through a credit reporting agency, from time to time as needed. Applicant recognizes, however, that Select Products may rely upon the information contained in this application whether or not it independently verifies its accuracy.

If the undersigned individual who is either a principal of the credit Applicant or a sole proprietorship of the credit Applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the Applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process. Applicant agrees to make payment in full to Select Products for all amounts due according to Select Products Invoice(s). All transactions with Select Products are subject to Select Products standard term and conditions, applicable contract documents and the invoice payment terms and conditions. A finance charge at the maximum legal rate up to 1 1/2% per month may be assessed on past due invoices. Should applicant default in any such payment(s), Select Products shall have the right, without notice to Applicant to declare all invoice amounts due and payable. In the event that Select Products should commence any action or actions, or otherwise seek to enforce this agreement against Applicant, Applicant agrees to pay reasonable attorney(s) fees, court costs and other expenses incurred by Select Products, whether or not suit is filed. This agreement is strictly confidential and is not transferable or assignable without the prior written consent of Select Products. No act or omission of Select Products will be deemed to constitute a waiver of any of its rights absent an express, written statement to that effect. Applicant agrees that any change in liability for any debts incurred to Select Products due to change in Applicant's form of business or ownership shall not be effective as to Select Products until Select Products receives actual notice of the change by certified mail.

Signed at _____ as of this _____ day of _____, 20_____

Officer/Owner (X) _____
 Authorized Signature of Applicant Print Name - Title