

Grandma Ferdon's, Ltd.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

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grandmaferdons@cheqnet.net www.grandmaferdons.com

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid **10** days from the date of the invoice. We do not guarantee sales.
2. Orders must be placed by fax or e-mail. Product is shipped within 3 business days. We are not responsible for product freshness after receipt.
3. Claims of damaged product received must be made within 6 hours of receipt. Only product replacement, upon our approval, will be shipped for either retailer or customer claims. No cash or credit refunds.
4. By submitting this application, you authorize Grandma Ferdon's, Ltd. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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