

# Matthews Feed & Grain, Inc – Credit Agreement

928 S Massachusettes Ave, Matthews, IN 46957  
Phone (765) 998-2743 Fax (765) 998-2744

## 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:

## TAX, CREDIT AND BANK INFORMATION

Federal Tax ID Number:

Sales Tax Exempt? \_\_\_ Yes \_\_\_ No (If yes, please provide a copy of your sales/use exemption certificate)

Credit Amount Requested if needed: \_\_\_\_\_ Terms Requested: \_\_\_ Cash \_\_\_ ACH (2%)

Payment type: \_\_\_ Check \_\_\_ Credit Card (on file) \_\_\_ ACH Debit (2% discount 5 days after shipment)

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

## BUSINESS/TRADE REFERENCES (3 REQUIRED)

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 at the terms agreed to above from the date of the invoice. If payment is not made when due, a late payment charge on the past due balance will be assessed monthly, on all invoices at a rate of one and one half percent (1.5%) (Eighteen percent (18%) per annum) or the maximum rate allowed by law.
2. Claims arising from invoices must be made within three working days.
3. By submitting this application, you authorize Matthews Feed & Grain, Inc. to make inquiries into the banking and business/trade references that you have supplied.

## CUSTOMER SIGNATURES

Title:

Date:

Title:

Date: